

5,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	4,476	109,553	\$ 2,027,981.72	\$ 18.51	18.314	\$	453.08	\$ 339.01
@PHYSICIANS SERVICES	987	3,069	\$ 35,878.51	\$ 11.69	.513	\$	36.35	\$ 6.00
OUTPATIENT VISITS	4	7	263.10	37.59	.001		65.78	.04
OFFICE VISITS	4	7	263.10	37.59	.001		65.78	.04
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	3	11	675.51	61.41	.002		225.17	.11
PRINCIPAL SURGEON	2	3	512.85	170.95	.001		256.43	.09
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.001		162.66	.03
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	17	66	256.62	3.89	.011		15.10	.04
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	970	2,985	34,683.28	11.62	.499		35.76	5.80
@PHARMACY	3,790	46,281	\$ 1,179,156.76	\$ 25.48	7.737	\$	311.12	\$ 197.12
PRESCRIPTION DRUGS	3,704	14,409	1,135,579.77	78.81	2.409		306.58	189.83
SNF/ICF	28	204	7,478.66	36.66	.034		267.10	1.25
OUTPATIENTS	3,686	14,205	1,128,101.11	79.42	2.375		306.05	188.58
MEDICAL SUPPLIES	535	31,872	43,576.99	1.37	5.328		81.45	7.28
@DENTIST	193	700	\$ 41,850.90	\$ 59.79	.117	\$	216.84	\$ 7.00
VISITS - DIAGNOSTIC	109	363	4,641.90	12.79	.061		42.59	.78
ORAL SURGERY	29	91	4,186.00	46.00	.015		144.34	.70
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	1	1	100.00	100.00	.000		100.00	.02
PERIODONTICS	10	10	1,546.00	154.60	.002		154.60	.26
ENDODONTICS	5	6	1,395.00	232.50	.001		279.00	.23
RESTORATIVE DENTISTRY	58	123	11,999.00	97.55	.021		206.88	2.01
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	46	103	17,983.00	174.59	.017		390.93	3.01
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.001		.00	.00

5,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	132	357	\$ 6,392.72	\$ 17.91	.060	\$ 48.43	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	15	15	535.19	35.68	.003	35.68	.09
EYE APPLIANCES	105	297	5,062.44	17.05	.050	48.21	.85
OTHER OPTOMETRIC SERVICES	26	45	795.09	17.67	.008	30.58	.13
@CHIROPRACTOR	8	18	\$ 199.80	\$ 11.10	.003	\$ 24.98	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	18	199.80	11.10	.003	24.98	.03
@PODIATRIST	61	79	\$ 951.39	\$ 12.04	.013	\$ 15.60	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	61	79	951.39	12.04	.013	15.60	.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	61	\$ 133.52	\$ 2.19	.010	\$ 44.51	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	5	\$ 99.03	\$ 19.81	.001	\$ 99.03	\$.02
@TOTAL HOSPITAL	348	1,570	\$ 366,077.91	\$ 233.17	.262	\$ 1051.95	\$ 61.20
HOSP INPATIENT TOTAL	133	583	343,035.82	588.40	.097	2579.22	57.34
HSC HOSPITALS	3	12	11,053.37	921.11	.002	3684.46	1.85
NON-HSC HOSPITAL TOTAL	23	116	244,419.13	2107.06	.019	10626.92	40.86
ACCOMMODATIONS	23	116	46,918.03	404.47	.019	2039.91	7.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	116	46,918.03	404.47	.019	2039.91	7.84
ANCILLARIES	23	0	197,501.10	.00	.000	8587.00	33.02
INPATIENT CROSSOVERS	107	455	87,563.32	192.45	.076	818.35	14.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	236	987	23,042.09	23.35	.165	97.64	3.85
MEDICAL	3	3	139.95	46.65	.001	46.65	.02
SURGERY	1	1	90.75	90.75	.000	90.75	.02
PATHOLOGY	2	10	106.82	10.68	.002	53.41	.02
RADIOLOGY	2	2	132.98	66.49	.000	66.49	.02
ROOM USE	2	5	314.65	62.93	.001	157.33	.05
CROSSOVERS/ALL OTH OUTPTNT	232	966	22,256.94	23.04	.161	95.94	3.72
@COUNTY HOSPITAL TOTAL	2	9	\$ 21.87	\$ 2.43	.002	\$ 10.94	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	21.87	2.43	.002	10.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	9	21.87	2.43	.002	10.94	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	1,561	\$	366,056.04	\$ 234.50	.261	\$ 1057.97	\$ 61.19
COMM HOSP INPATIENT TOTAL	133	583		343,035.82	588.40	.097	2579.22	57.34
HSC HOSPITALS	3	12		11,053.37	921.11	.002	3684.46	1.85
NON-HSC HOSPITALS TOTAL	23	116		244,419.13	2107.06	.019	10626.92	40.86
ACCOMMODATIONS	23	116		46,918.03	404.47	.019	2039.91	7.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	116		46,918.03	404.47	.019	2039.91	7.84
ANCILLARIES	23	0		197,501.10	.00	.000	8587.00	33.02
INPATIENT CROSSOVERS	107	455		87,563.32	192.45	.076	818.35	14.64
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	234	978		23,020.22	23.54	.163	98.38	3.85
MEDICAL	3	3		139.95	46.65	.001	46.65	.02
SURGERY	1	1		90.75	90.75	.000	90.75	.02
PATHOLOGY	2	10		106.82	10.68	.002	53.41	.02
RADIOLOGY	2	2		132.98	66.49	.000	66.49	.02
ROOM USE	2	5		314.65	62.93	.001	157.33	.05
CROSSOVERS/ALL OTH OUTPTNT	230	957		22,235.07	23.23	.160	96.67	3.72
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	53	528	\$	126,735.21	\$ 240.03	.088	\$ 2391.23	\$ 21.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	53	528		126,735.21	240.03	.088	2391.23	21.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	65	\$	31,280.29	\$ 481.24	.011	\$ 845.41	\$ 5.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	65		31,280.29	481.24	.011	845.41	5.23
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	29	\$	388.24	\$ 13.39	.005	\$ 27.73	\$.06
PATHOLOGY	6	21		245.98	11.71	.004	41.00	.04
XO AND OTHERS	8	8		142.26	17.78	.001	17.78	.02
@ORGANIZED OUTPATIENT CLINIC	793	1,442	\$	46,735.74	\$ 32.41	.241	\$ 58.94	\$ 7.81
CLINIC	2	25		503.98	20.16	.004	251.99	.08
SURGICENTER	7	7		1,210.20	172.89	.001	172.89	.20
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	784	1,410		45,021.56	31.93	.236	57.43	7.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,244
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED							

	5,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,146	55,349	\$	192,101.70	\$ 3.47	9.253	\$ 167.63	\$ 32.11
DURABLE MED. EQUIP.	35	43		2,085.41	48.50	.007	59.58	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	40		9,423.80	235.60	.007	314.13	1.58
MEDICAL TRANSPORTATION	75	6,915		25,405.44	3.67	1.156	338.74	4.25
AMBULANCES/AIR TRANS	7	89		970.73	10.91	.015	138.68	.16
OTHER TRANS	47	6,535		23,430.10	3.59	1.092	498.51	3.92

OTHER SERVICES	23	291	1,004.61	3.45	.049	43.68	.17
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	8	194	13,363.18	68.88	.032	1670.40	2.23
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	214	1,216	81,223.84	66.80	.203	379.55	13.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	119	260	3,548.44	13.65	.043	29.82	.59
PHYSICAL THERAPIST	2	6	5.00	.83	.001	2.50	.00
PORTABLE X-RAY	1	3	3.53	1.18	.001	3.53	.00
PROSTHETIST/ORTHOTISTS	11	19	477.10	25.11	.003	43.37	.08
PROSTHETICS	11	19	477.10	25.11	.003	43.37	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	23	38	2,686.24	70.69	.006	116.79	.45
HOSPICE SERVICES	4	113	12,367.51	109.45	.019	3091.88	2.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	20	249.48	12.47	.003	49.90	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	781	46,480	41,219.48	.89	7.770	52.78	6.89
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,886	12,093	290,971.53	24.06	2.022	154.28	48.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,245
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	528	18,087	\$ 500,601.88	\$ 27.68	24.675	\$ 948.11	\$ 682.95
@PHYSICIANS SERVICES	189	848	\$ 24,778.95	\$ 29.22	1.157	\$ 131.11	\$ 33.80
OUTPATIENT VISITS	63	90	3,154.26	35.05	.123	50.07	4.30
OFFICE VISITS	59	86	3,046.92	35.43	.117	51.64	4.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	107.34	26.84	.005	26.84	.15
INPATIENT VISITS	12	46	2,463.60	53.56	.063	205.30	3.36
HOSPITAL VISITS	11	43	2,098.80	48.81	.059	190.80	2.86
CRITICAL CARE	2	3	364.80	121.60	.004	182.40	.50
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	22	24	1,017.93	42.41	.033	46.27	1.39
EXAMINATIONS	21	23	997.93	43.39	.031	47.52	1.36
SERVICES AND MATERIALS	1	1	20.00	20.00	.001	20.00	.03
INPATIENT HOSPITAL SURGERY	5	7	2,610.77	372.97	.010	522.15	3.56
PRINCIPAL SURGEON	5	7	2,610.77	372.97	.010	522.15	3.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	12	49	2,565.32	52.35	.067	213.78	3.50
PRINCIPAL SURGEON	10	16	1,720.50	107.53	.022	172.05	2.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	33	844.82	25.60	.045	140.80	1.15
DIALYSIS	18	46	3,840.24	83.48	.063	213.35	5.24
PATHOLOGY	6	8	103.00	12.88	.011	17.17	.14
RADIOLOGY	45	97	1,951.28	20.12	.132	43.36	2.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	8		153.50		19.19	.011	38.38	.21
OTHER SERVICES/ALL X-OVERS	104	473		6,919.05		14.63	.645	66.53	9.44
@PHARMACY	444	4,665	\$	166,039.99	\$	35.59	6.364	\$ 373.96	\$ 226.52
PRESCRIPTION DRUGS	437	1,827		149,721.33		81.95	2.492	342.61	204.26
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	437	1,827		149,721.33		81.95	2.492	342.61	204.26
MEDICAL SUPPLIES	95	2,838		16,318.66		5.75	3.872	171.78	22.26
@DENTIST	25	136	\$	3,926.50	\$	28.87	.186	\$ 157.06	\$ 5.36
VISITS - DIAGNOSTIC	15	83		925.50		11.15	.113	61.70	1.26
ORAL SURGERY	5	37		1,370.00		37.03	.050	274.00	1.87
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	4		800.00		200.00	.005	266.67	1.09
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	8		596.00		74.50	.011	85.14	.81
PROSTHETICS	0	0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	3	3	235.00	78.33	.004	78.33	.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,246
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	26	\$ 964.43	\$ 37.09	.035	\$ 87.68	\$ 1.32
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.13
EYE APPLIANCES	10	24	869.53	36.23	.033	86.95	1.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	4	\$ 66.88	\$ 16.72	.005	\$ 66.88	\$.09
VISITS	1	4	66.88	16.72	.005	66.88	.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	28	\$ 596.75	\$ 21.31	.038	\$ 45.90	\$.81
MEDICINE/INJECTIONS	8	20	435.80	21.79	.027	54.48	.59
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	160.95	20.12	.011	26.83	.22
@HOME HEALTH AGENCY	17	1,205	\$ 36,242.05	\$ 30.08	1.644	\$ 2131.89	\$ 49.44
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	13	35	\$ 405.57	\$ 11.59	.048	\$ 31.20	\$.55
@TOTAL HOSPITAL	103	441	\$ 151,546.66	\$ 343.64	.602	\$ 1471.33	\$ 206.75
HOSP INPATIENT TOTAL	22	76	140,937.36	1854.44	.104	6406.24	192.27
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	6.58
NON-HSC HOSPITAL TOTAL	18	61	133,621.36	2190.51	.083	7423.41	182.29
ACCOMMODATIONS	18	61	26,204.40	429.58	.083	1455.80	35.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.083	1455.80	35.75
ANCILLARIES	18	0	107,416.96	.00	.000	5967.61	146.54
INPATIENT CROSSOVERS	3	11	2,492.00	226.55	.015	830.67	3.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	365	10,609.30	29.07	.498	116.59	14.47
MEDICAL	30	40	2,388.35	59.71	.055	79.61	3.26
SURGERY	9	13	801.63	61.66	.018	89.07	1.09
PATHOLOGY	39	138	1,613.61	11.69	.188	41.37	2.20
RADIOLOGY	29	44	2,286.58	51.97	.060	78.85	3.12
ROOM USE	29	44	2,191.46	49.81	.060	75.57	2.99
CROSSOVERS/ALL OTH OUTPTNT	27	86	1,327.67	15.44	.117	49.17	1.81
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,247
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20	----- MONTHLY AVERAGE -----		
733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	103	441	\$ 151,546.66	\$ 343.64	.602	\$ 1471.33	\$ 206.75
COMM HOSP INPATIENT TOTAL	22	76	140,937.36	1854.44	.104	6406.24	192.27
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	6.58
NON-HSC HOSPITALS TOTAL	18	61	133,621.36	2190.51	.083	7423.41	182.29
ACCOMMODATIONS	18	61	26,204.40	429.58	.083	1455.80	35.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.083	1455.80	35.75
ANCILLARIES	18	0	107,416.96	.00	.000	5967.61	146.54
INPATIENT CROSSOVERS	3	11	2,492.00	226.55	.015	830.67	3.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	365	10,609.30	29.07	.498	116.59	14.47
MEDICAL	30	40	2,388.35	59.71	.055	79.61	3.26
SURGERY	9	13	801.63	61.66	.018	89.07	1.09
PATHOLOGY	39	138	1,613.61	11.69	.188	41.37	2.20
RADIOLOGY	29	44	2,286.58	51.97	.060	78.85	3.12
ROOM USE	29	44	2,191.46	49.81	.060	75.57	2.99
CROSSOVERS/ALL OTH OUTPTNT	27	86	1,327.67	15.44	.117	49.17	1.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	1,136	\$ 63,156.24	\$ 55.60	1.550	\$ 1706.93	\$ 86.16
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	1,136	63,156.24	55.60	1.550	1706.93	86.16
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	51	239	\$ 2,973.37	\$ 12.44	.326	\$ 58.30	\$ 4.06
PATHOLOGY	51	239	2,973.37	12.44	.326	58.30	4.06
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	164	270	\$ 18,075.92	\$ 66.95	.368	\$ 110.22	\$ 24.66
CLINIC	2	6	208.84	34.81	.008	104.42	.28
SURGICENTER	3	5	306.55	61.31	.007	102.18	.42
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	163	259	17,560.53	67.80	.353	107.73	23.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,248
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20			

733 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	129	9,054	\$ 31,828.57	\$ 3.52	12.352	\$ 246.73
DURABLE MED. EQUIP.	15	60	4,775.07	79.58	.082	318.34
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	5	12	879.09	73.26	.016	175.82
MEDICAL TRANSPORTATION	44	3,646	15,432.93	4.23	4.974	350.75
AMBULANCES/AIR TRANS	24	111	2,722.07	24.52	.151	113.42
OTHER TRANS	16	3,502	12,482.35	3.56	4.778	780.15
OTHER SERVICES	5	33	228.51	6.92	.045	45.70
ACUPUNCTURE	1	2	24.34	12.17	.003	24.34
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	15	50	4,039.36	80.79	.068	269.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	11	31	395.72	12.77	.042	35.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	6	29	3,818.24	131.66	.040	636.37
PROSTHETICS	6	29	3,818.24	131.66	.040	636.37
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	3	6	189.65	31.61	.008	63.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	9	72	305.72	4.25	.098	33.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	29	5,146	1,968.45	.38	7.020	67.88
@CALIF. CHILDREN SERVICES*	11	340	\$ 16,385.38	\$ 48.19	.464	\$ 1489.58
@XOVER EXCLUDING STATE HOSP**	95	432	\$ 22,069.76	\$ 51.09	.589	\$ 232.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,249
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

38,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30,598	705,191	\$ 25,056,413.92	\$ 35.53	18.345	\$ 818.89
@PHYSICIANS SERVICES	8,788	33,888	\$ 1,232,894.69	\$ 36.38	.882	\$ 140.29
OUTPATIENT VISITS	3,462	4,607	162,284.35	35.23	.120	46.88
OFFICE VISITS	3,067	4,061	135,730.71	33.42	.106	44.26
HOME VISITS	15	21	1,310.50	62.40	.001	87.37
EMERGENCY ROOM	179	225	14,036.02	62.38	.006	78.41
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	31	13CR	2,217.30	170.56CR	.000	71.53
OTHER OUTPATIENT	274	313	8,989.82	28.72	.008	32.81
INPATIENT VISITS	507	2,753	160,591.75	58.33	.072	316.75
HOSPITAL VISITS	453	2,262	103,362.98	45.70	.059	228.17
CRITICAL CARE	74	393	53,864.07	137.06	.010	727.89
SNF/ICF/TRANS IP CARE	48	98	3,364.70	34.33	.003	70.10
OPHTHALMOLOGICAL SERVICES	228	284	11,523.51	40.58	.007	50.54
EXAMINATIONS	221	277	11,383.51	41.10	.007	51.51
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00
INPATIENT HOSPITAL SURGERY	379	2,209	216,220.87	97.88	.057	570.50
PRINCIPAL SURGEON	287	463	169,154.57	365.34	.012	589.39

ASSISTANT SURGEON	35	35	7,462.10	213.20	.001	213.20	.19
ANESTHESIOLOGIST	149	1,711	39,604.20	23.15	.045	265.80	1.03
OUTPATIENT SURGERY	547	1,541	134,050.39	86.99	.040	245.06	3.49
PRINCIPAL SURGEON	436	566	110,111.30	194.54	.015	252.55	2.86
ASSISTANT SURGEON	15	16	1,976.38	123.52	.000	131.76	.05
ANESTHESIOLOGIST	149	959	21,962.71	22.90	.025	147.40	.57
DIALYSIS	79	229	22,546.11	98.45	.006	285.39	.59
PATHOLOGY	354	737	13,770.84	18.68	.019	38.90	.36
RADIOLOGY	2,737	5,586	218,160.50	39.05	.145	79.71	5.68
PSYCHIATRY	4	6	251.72	41.95	.000	62.93	.01
IMMUNIZATION AND INJECTION	185	1,319	19,710.69	14.94	.034	106.54	.51
OTHER SERVICES/ALL X-OVERS	4,026	14,617	273,783.96	18.73	.380	68.00	7.12
@PHARMACY	25,338	272,220	\$ 11,810,521.56	\$ 43.39	7.082	\$ 466.12	\$ 307.24
PRESCRIPTION DRUGS	25,071	111,723	11,414,501.60	102.17	2.906	455.29	296.94
SNF/ICF	160	1,459	82,601.18	56.61	.038	516.26	2.15
OUTPATIENTS	24,940	110,264	11,331,900.42	102.77	2.868	454.37	294.79
MEDICAL SUPPLIES	2,516	160,497	396,019.96	2.47	4.175	157.40	10.30
@DENTIST	1,869	7,929	\$ 382,528.60	\$ 48.24	.206	\$ 204.67	\$ 9.95
VISITS - DIAGNOSTIC	1,143	4,491	60,626.75	13.50	.117	53.04	1.58
ORAL SURGERY	291	878	42,404.25	48.30	.023	145.72	1.10
DRUGS	9	11	170.00	15.45	.000	18.89	.00
ANESTHESIA	11	11	1,100.00	100.00	.000	100.00	.03
PERIODONTICS	118	136	20,837.00	153.21	.004	176.58	.54
ENDODONTICS	127	195	38,432.00	197.09	.005	302.61	1.00
RESTORATIVE DENTISTRY	571	1,448	122,617.70	84.68	.038	214.74	3.19
PROSTHETICS	15	15	380.00	25.33	.000	25.33	.01
DENTURES, STAYPLATES	219	592	88,509.90	149.51	.015	404.15	2.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	856.00	122.29	.000	122.29	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	48	6,220.00	129.58	.001	159.49	.16
ALL OTHER SERVICES	29	97	375.00	3.87	.003	12.93	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,250
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			

38,441 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,041	3,099	\$	65,128.62	\$ 21.02	.081	\$ 62.56	\$ 1.69
DIAGNOSTIC AND ANC. PROCED	499	538		23,073.36	42.89	.014	46.24	.60
EYE APPLIANCES	871	2,465		40,420.73	16.40	.064	46.41	1.05
OTHER OPTOMETRIC SERVICES	63	96		1,634.53	17.03	.002	25.94	.04
@CHIROPRACTOR	315	786	\$	12,856.80	\$ 16.36	.020	\$ 40.82	\$.33
VISITS	297	752		12,485.66	16.60	.020	42.04	.32
OTHER SERVICES	18	34		371.14	10.92	.001	20.62	.01
@PODIATRIST	214	346	\$	5,257.08	\$ 15.19	.009	\$ 24.57	\$.14
MEDICINE/INJECTIONS	47	53		1,375.64	25.96	.001	29.27	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	167	288		3,794.94	13.18	.007	22.72	.10
@HOME HEALTH AGENCY	173	1,621	\$	86,054.86	\$ 53.09	.042	\$ 497.43	\$ 2.24
NURSE ANESTHESIST	17	201	\$	1,562.00	\$ 7.77	.005	\$ 91.88	\$.04
NURSE MIDWIFE	2	4	\$	907.14	\$ 226.79	.000	\$ 453.57	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1,103	2,733	\$	39,806.62	\$ 14.57	.071	\$ 36.09	\$ 1.04
@TOTAL HOSPITAL	5,492	33,272	\$	7,554,883.54	\$ 227.06	.866	\$ 1375.62	\$ 196.53
HOSP INPATIENT TOTAL	738	4,558		6,622,286.51	1452.89	.119	8973.29	172.27
HSC HOSPITALS	105	1,054		1,413,953.90	1341.51	.027	13466.23	36.78
NON-HSC HOSPITAL TOTAL	455	2,715		5,062,953.61	1864.81	.071	11127.37	131.71
ACCOMMODATIONS	453	2,715		1,212,499.84	446.59	.071	2676.60	31.54

ADMINISTRATIVE DAYS	33	394	89,534.78	227.25	.010	2713.18	2.33
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	443	2,321	1,122,965.06	483.83	.060	2534.91	29.21
ANCILLARIES	455	0	3,850,453.77	.00	.000	8462.54	100.17
INPATIENT CROSSOVERS	189	789	145,379.00	184.26	.021	769.20	3.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,156	28,714	932,597.03	32.48	.747	180.88	24.26
MEDICAL	1,649	3,159	157,920.74	49.99	.082	95.77	4.11
SURGERY	415	495	23,752.07	47.98	.013	57.23	.62
PATHOLOGY	2,119	10,910	130,477.57	11.96	.284	61.58	3.39
RADIOLOGY	2,049	3,218	241,238.42	74.97	.084	117.73	6.28
ROOM USE	1,978	3,133	128,532.40	41.03	.082	64.98	3.34
CROSSOVERS/ALL OTH OUTPTNT	2,232	7,799	250,675.83	32.14	.203	112.31	6.52
@COUNTY HOSPITAL TOTAL	14	65	\$ 16,975.85	\$ 261.17	.002	\$ 1212.56	\$.44
CO HOSPITAL INPATIENT TOTAL	4	13	14,940.00	1149.23	.000	3735.00	.39
HSC HOSPITALS	4	13	14,940.00	1149.23	.000	3735.00	.39

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	52	2,035.85	39.15	.001	185.08	.05
MEDICAL	3	4	158.42	39.61	.000	52.81	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	21	285.97	13.62	.001	35.75	.01
RADIOLOGY	6	8	1,118.84	139.86	.000	186.47	.03
ROOM USE	6	8	310.37	38.80	.000	51.73	.01
CROSSOVERS/ALL OTH OUTPTNT	6	11	162.25	14.75	.000	27.04	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 18,251 01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
38,441 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,486	33,207	\$ 7,537,907.69	\$ 227.00	.864	\$ 1374.03	\$ 196.09
COMM HOSP INPATIENT TOTAL	734	4,545	6,607,346.51	1453.76	.118	9001.83	171.88
HSC HOSPITALS	101	1,041	1,399,013.90	1343.91	.027	13851.62	36.39
NON-HSC HOSPITALS TOTAL	455	2,715	5,062,953.61	1864.81	.071	11127.37	131.71
ACCOMMODATIONS	453	2,715	1,212,499.84	446.59	.071	2676.60	31.54
ADMINISTRATIVE DAYS	33	394	89,534.78	227.25	.010	2713.18	2.33
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	443	2,321	1,122,965.06	483.83	.060	2534.91	29.21
ANCILLARIES	455	0	3,850,453.77	.00	.000	8462.54	100.17
INPATIENT CROSSOVERS	189	789	145,379.00	184.26	.021	769.20	3.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,151	28,662	930,561.18	32.47	.746	180.66	24.21
MEDICAL	1,646	3,155	157,762.32	50.00	.082	95.85	4.10
SURGERY	415	495	23,752.07	47.98	.013	57.23	.62
PATHOLOGY	2,114	10,889	130,191.60	11.96	.283	61.59	3.39
RADIOLOGY	2,045	3,210	240,119.58	74.80	.084	117.42	6.25
ROOM USE	1,975	3,125	128,222.03	41.03	.081	64.92	3.34
CROSSOVERS/ALL OTH OUTPTNT	2,230	7,788	250,513.58	32.17	.203	112.34	6.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	169	4,286	\$ 673,020.62	\$ 157.03	.111	\$ 3982.37	\$ 17.51
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	254	146,430.13	576.50	.007	20918.59	3.81
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	164	4,032	526,590.49	130.60	.105	3210.92	13.70
@INTERMEDIATE CARE FACIL.-DD	12	365	\$ 66,718.35	\$ 182.79	.009	\$ 5559.86	\$ 1.74
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365	66,718.35	182.79	.009	5559.86	1.74
@HEMODIALYSIS TOTAL	200	8,707	\$ 354,004.02	\$ 40.66	.227	\$ 1770.02	\$ 9.21
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	200	8,707	354,004.02	40.66	.227	1770.02	9.21
@REHABILITATION FACILITY	21	50	\$ 2,053.93	\$ 41.08	.001	\$ 97.81	\$.05
HOSPITAL BASED	17	46	1,941.87	42.21	.001	114.23	.05
INDEPENDENT FACILITY	4	4	112.06	28.02	.000	28.02	.00
@LABORATORY FACILITY	2,574	14,343	\$ 166,331.51	\$ 11.60	.373	\$ 64.62	\$ 4.33

PATHOLOGY	2,552	14,315	165,982.63	11.60	.372	65.04	4.32
XO AND OTHERS	22	28	348.88	12.46	.001	15.86	.01
@ORGANIZED OUTPATIENT CLINIC	9,744	18,618	\$ 1,271,153.06	\$ 68.28	.484	\$ 130.45	\$ 33.07
CLINIC	180	802	19,113.65	23.83	.021	106.19	.50
SURGICENTER	122	451	19,562.19	43.38	.012	160.35	.51
HEROIN DETOX CLINIC	8	105	1,245.64	11.86	.003	155.71	.03
RURAL HEALTH CLINIC	9,524	17,260	1,231,231.58	71.33	.449	129.28	32.03

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
38,441 ELIGIBLES							
@ALL OTHER PROVIDERS	6,273	302,723	\$ 1,330,730.92	\$ 4.40	7.875	\$ 212.14	\$ 34.62
DURABLE MED. EQUIP.	758	2,140	292,636.50	136.75	.056	386.06	7.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	99	120	17,862.21	148.85	.003	180.43	.46
MEDICAL TRANSPORTATION	1,137	26,406	233,906.00	8.86	.687	205.72	6.08
AMBULANCES/AIR TRANS	933	7,026	131,742.72	18.75	.183	141.20	3.43
OTHER TRANS	155	18,671	80,473.23	4.31	.486	519.18	2.09
OTHER SERVICES	84	709	21,690.05	30.59	.018	258.21	.56
ACUPUNCTURE	16	27	481.18	17.82	.001	30.07	.01
ADULT DAY HEALTH CARE CTR	3	17	1,179.41	69.38	.000	393.14	.03
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	315	10,794	391,939.22	36.31	.281	1244.25	10.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	975	2,210	26,395.64	11.94	.057	27.07	.69
PHYSICAL THERAPIST	49	239	3,598.79	15.06	.006	73.44	.09
PORTABLE X-RAY	11	25	469.21	18.77	.001	42.66	.01
PROSTHETIST/ORTHOTISTS	196	447	42,966.04	96.12	.012	219.21	1.12
PROSTHETICS	195	445	42,813.54	96.21	.012	219.56	1.11
ORTHOTICS	2	2	152.50	76.25	.000	76.25	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	222	711	27,500.31	38.68	.018	123.88	.72
HOSPICE SERVICES	10	226	27,725.08	122.68	.006	2772.51	.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,054	25,084	102,978.17	4.11	.653	97.70	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,091	234,269	160,253.16	.68	6.094	76.64	4.17
@CALIF. CHILDREN SERVICES*	392	5,418	\$ 1,715,777.63	\$ 316.68	.141	\$ 4376.98	\$ 44.63
@XOVER EXCLUDING STATE HOSP**	4,599	38,574	\$ 653,319.19	\$ 16.94	1.003	\$ 142.06	\$ 17.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
69,881 ELIGIBLES							
@TOTAL, ALL PROVIDERS	33,885	162,662	\$ 8,624,450.65	\$ 53.02	2.328	\$ 254.52	\$ 123.42
@PHYSICIANS SERVICES	6,264	17,927	\$ 691,265.71	\$ 38.56	.257	\$ 110.36	\$ 9.89
OUTPATIENT VISITS	3,317	3,423	141,340.29	41.29	.049	42.61	2.02
OFFICE VISITS	2,819	2,879	104,239.87	36.21	.041	36.98	1.49
HOME VISITS	6	8	443.52	55.44	.000	73.92	.01
EMERGENCY ROOM	242	265	13,337.02	50.33	.004	55.11	.19
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	202	160	20,002.47	125.02	.002	99.02	.29

OTHER OUTPATIENT	102	110		3,262.58		29.66	.002	31.99	.05
INPATIENT VISITS	299	898		60,984.71		67.91	.013	203.96	.87
HOSPITAL VISITS	282	668		31,619.60		47.33	.010	112.13	.45
CRITICAL CARE	36	230		29,365.11		127.67	.003	815.70	.42
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	115	129		5,862.32		45.44	.002	50.98	.08
EXAMINATIONS	110	124		5,762.32		46.47	.002	52.38	.08
SERVICES AND MATERIALS	5	5		100.00		20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	387	1,857		198,627.49		106.96	.027	513.25	2.84
PRINCIPAL SURGEON	219	265		154,360.72		582.49	.004	704.84	2.21
ASSISTANT SURGEON	47	47		7,809.01		166.15	.001	166.15	.11
ANESTHESIOLOGIST	193	1,545		36,457.76		23.60	.022	188.90	.52
OUTPATIENT SURGERY	480	1,551		86,931.81		56.05	.022	181.11	1.24
PRINCIPAL SURGEON	357	446		63,784.15		143.01	.006	178.67	.91
ASSISTANT SURGEON	6	6		457.15		76.19	.000	76.19	.01
ANESTHESIOLOGIST	173	1,099		22,690.51		20.65	.016	131.16	.32
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	323	408		4,381.79		10.74	.006	13.57	.06
RADIOLOGY	2,295	3,474		104,194.90		29.99	.050	45.40	1.49
PSYCHIATRY	1	1		73.29		73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	130	227		7,605.91		33.51	.003	58.51	.11
OTHER SERVICES/ALL X-OVERS	1,015	5,959		81,263.20		13.64	.085	80.06	1.16
@PHARMACY	16,859	42,654	\$	2,467,585.33	\$	57.85	.610	146.37	\$ 35.31
PRESCRIPTION DRUGS	16,788	41,019		1,929,033.98		47.03	.587	114.91	27.60
SNF/ICF	4	10		455.15		45.52	.000	113.79	.01
OUTPATIENTS	16,784	41,009		1,928,578.83		47.03	.587	114.91	27.60
MEDICAL SUPPLIES	317	1,635		538,551.35		329.39	.023	1698.90	7.71
@DENTIST	3,541	16,703	\$	571,632.38	\$	34.22	.239	161.43	\$ 8.18
VISITS - DIAGNOSTIC	2,456	10,586		162,385.08		15.34	.151	66.12	2.32
ORAL SURGERY	581	1,155		63,797.55		55.24	.017	109.81	.91
DRUGS	61	69		1,375.00		19.93	.001	22.54	.02
ANESTHESIA	41	41		3,800.00		92.68	.001	92.68	.05
PERIODONTICS	40	45		6,037.00		134.16	.001	150.93	.09
ENDODONTICS	287	698		81,390.00		116.60	.010	283.59	1.16
RESTORATIVE DENTISTRY	1,243	3,597		211,284.50		58.74	.051	169.98	3.02
PROSTHETICS	3	3		60.00		20.00	.000	20.00	.00
DENTURES, STAYPLATES	38	125		15,337.25		122.70	.002	403.61	.22
SPACE MAINTAINERS	30	42		4,339.00		103.31	.001	144.63	.06
MAXILLOFACIAL SERVICES	9	9		442.00		49.11	.000	49.11	.01
FRACTURES, DISLOCATIONS	1	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	193	235		20,410.00		86.85	.003	105.75	.29
ALL OTHER SERVICES	67	98		975.00		9.95	.001	14.55	.01

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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	69,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	848		2,274	\$ 52,419.45	\$ 23.05	.033	\$ 61.82	\$.75
DIAGNOSTIC AND ANC. PROCED	601		612	28,183.14	46.05	.009	46.89	.40
EYE APPLIANCES	586		1,658	24,125.90	14.55	.024	41.17	.35
OTHER OPTOMETRIC SERVICES	4		4	110.41	27.60	.000	27.60	.00
@CHIROPRACTOR	177		339	\$ 5,588.66	\$ 16.49	.005	\$ 31.57	\$.08
VISITS	177		339	5,588.66	16.49	.005	31.57	.08
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	11		22	\$ 1,390.77	\$ 63.22	.000	\$ 126.43	\$.02
MEDICINE/INJECTIONS	7		7	235.40	33.63	.000	33.63	.00
SURGERY/ANES.	1		3	716.86	238.95	.000	716.86	.01
RADIO./PATHOLOGY	4		7	121.10	17.30	.000	30.28	.00
OTHER	3		5	317.41	63.48	.000	105.80	.00

@HOME HEALTH AGENCY	169	251	\$	13,336.55	\$	53.13	.004	\$	78.91	\$.19
NURSE ANESTHESIST	9	56	\$	1,059.94	\$	18.93	.001	\$	117.77	\$.02
NURSE MIDWIFE	37	84	\$	29,766.55	\$	354.36	.001	\$	804.50	\$.43
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1,304	3,089	\$	49,081.31	\$	15.89	.044	\$	37.64	\$.70
@TOTAL HOSPITAL	5,098	22,785	\$	2,689,139.03	\$	118.02	.326	\$	527.49	\$	38.48
HOSP INPATIENT TOTAL	404	1,524		2,072,488.77		1359.90	.022		5129.92		29.66
HSC HOSPITALS	58	381		484,447.02		1271.51	.005		8352.53		6.93
NON-HSC HOSPITAL TOTAL	351	1,142		1,587,260.83		1389.90	.016		4522.11		22.71
ACCOMMODATIONS	350	1,142		437,077.78		382.73	.016		1248.79		6.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	350	1,142		437,077.78		382.73	.016		1248.79		6.25
ANCILLARIES	351	0		1,150,183.05		.00	.000		3276.87		16.46
INPATIENT CROSSOVERS	1	1		780.92		780.92	.000		780.92		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,916	21,261		616,650.26		29.00	.304		125.44		8.82
MEDICAL	1,723	2,307		109,700.37		47.55	.033		63.67		1.57
SURGERY	463	542		26,973.66		49.77	.008		58.26		.39
PATHOLOGY	1,804	6,758		86,138.80		12.75	.097		47.75		1.23
RADIOLOGY	2,075	2,794		138,990.80		49.75	.040		66.98		1.99
ROOM USE	2,888	3,895		156,462.45		40.17	.056		54.18		2.24
CROSSOVERS/ALL OTH OUTPTNT	1,802	4,965		98,384.18		19.82	.071		54.60		1.41
@COUNTY HOSPITAL TOTAL	13	83	\$	3,804.82	\$	45.84	.001	\$	292.68	\$.05
CO HOSPITAL INPATIENT TOTAL	1	1		1,048.00		1048.00	.000		1048.00		.01
HSC HOSPITALS	1	1		1,048.00		1048.00	.000		1048.00		.01
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	82		2,756.82		33.62	.001		229.74		.04
MEDICAL	2	2		44.17		22.09	.000		22.09		.00
SURGERY	6	6		133.92		22.32	.000		22.32		.00
PATHOLOGY	6	33		633.89		19.21	.000		105.65		.01
RADIOLOGY	1	1		282.45		282.45	.000		282.45		.00
ROOM USE	9	17		713.01		41.94	.000		79.22		.01
CROSSOVERS/ALL OTH OUTPTNT	9	23		949.38		41.28	.000		105.49		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,255
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YUBA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

				----- MONTHLY AVERAGE -----			
69,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,087	22,702	\$ 2,685,334.21	\$ 118.29	.325	\$ 527.88	\$ 38.43
COMM HOSP INPATIENT TOTAL	403	1,523	2,071,440.77	1360.11	.022	5140.05	29.64
HSC HOSPITALS	57	380	483,399.02	1272.10	.005	8480.68	6.92
NON-HSC HOSPITALS TOTAL	351	1,142	1,587,260.83	1389.90	.016	4522.11	22.71
ACCOMMODATIONS	350	1,142	437,077.78	382.73	.016	1248.79	6.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	350	1,142	437,077.78	382.73	.016	1248.79	6.25
ANCILLARIES	351	0	1,150,183.05	.00	.000	3276.87	16.46
INPATIENT CROSSOVERS	1	1	780.92	780.92	.000	780.92	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,906	21,179	613,893.44	28.99	.303	125.13	8.78
MEDICAL	1,721	2,305	109,656.20	47.57	.033	63.72	1.57

SURGERY	457	536		26,839.74		50.07	.008	58.73	.38
PATHOLOGY	1,799	6,725		85,504.91		12.71	.096	47.53	1.22
RADIOLOGY	2,074	2,793		138,708.35		49.66	.040	66.88	1.98
ROOM USE	2,880	3,878		155,749.44		40.16	.055	54.08	2.23
CROSSOVERS/ALL OTH OUTPTNT	1,793	4,942		97,434.80		19.72	.071	54.34	1.39
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	13	\$ 517.12	\$ 39.78	.000	\$ 103.42	\$.01
HOSPITAL BASED	5	13	517.12	39.78	.000	103.42	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,182	8,453	\$ 118,437.58	\$ 14.01	.121	\$ 54.28	\$ 1.69
PATHOLOGY	2,182	8,453	118,437.58	14.01	.121	54.28	1.69
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12,379	20,210	\$ 1,599,451.34	\$ 79.14	.289	\$ 129.21	\$ 22.89
CLINIC	544	2,102	53,903.42	25.64	.030	99.09	.77
SURGICENTER	57	327	11,368.38	34.77	.005	199.45	.16
HEROIN DETOX CLINIC	4	56	631.27	11.27	.001	157.82	.01
RURAL HEALTH CLINIC	11,891	17,725	1,533,548.27	86.52	.254	128.97	21.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,256
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
69,881 ELIGIBLES							
@ALL OTHER PROVIDERS	5,673	27,802	\$ 333,778.93	\$ 12.01	.398	\$ 58.84	\$ 4.78
DURABLE MED. EQUIP.	212	286	21,769.20	76.12	.004	102.68	.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,117.40	558.70	.000	558.70	.02
MEDICAL TRANSPORTATION	485	3,990	71,857.72	18.01	.057	148.16	1.03
AMBULANCES/AIR TRANS	483	3,982	59,231.43	14.87	.057	122.63	.85
OTHER TRANS	1	1	26.29	26.29	.000	26.29	.00
OTHER SERVICES	7	7	12,600.00	1800.00	.000	1800.00	.18
ACUPUNCTURE	20	45	743.41	16.52	.001	37.17	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	57	57	5,935.00	104.12	.001	104.12	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	664	1,466	13,716.38	9.36	.021	20.66	.20
PHYSICAL THERAPIST	18	85	1,357.51	15.97	.001	75.42	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	83	120	9,741.35	81.18	.002	117.37	.14
PROSTHETICS	79	116	9,386.59	80.92	.002	118.82	.13
ORTHOTICS	4	4	354.76	88.69	.000	88.69	.01
PSYCHOLOGIST	1	3	56.99	19.00	.000	56.99	.00
SPEECH AND AUDIOLOGY	106	214	12,212.80	57.07	.003	115.22	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,121	20,183	193,974.01	9.61	.289	47.07	2.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	1,351	1,297.16	.96	.019	64.86	.02
@CALIF. CHILDREN SERVICES*	148	1,223	\$ 558,940.30	\$ 457.02	.018	\$ 3776.62	\$ 8.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 944.74	\$ 134.96	.000	\$ 188.95	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,257
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

115,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	69,487	995,493	\$ 36,209,448.17	\$ 36.37	8.654	\$ 521.10	\$ 314.76
@PHYSICIANS SERVICES	16,228	55,732	\$ 1,984,817.86	\$ 35.61	.484	\$ 122.31	\$ 17.25
OUTPATIENT VISITS	6,846	8,127	307,042.00	37.78	.071	44.85	2.67
OFFICE VISITS	5,949	7,033	243,280.60	34.59	.061	40.89	2.11
HOME VISITS	21	29	1,754.02	60.48	.000	83.52	.02
EMERGENCY ROOM	421	490	27,373.04	55.86	.004	65.02	.24
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRI PERI	233	147	22,219.77	151.15	.001	95.36	.19
OTHER OUTPATIENT	380	427	12,359.74	28.95	.004	32.53	.11
INPATIENT VISITS	818	3,697	224,040.06	60.60	.032	273.89	1.95
HOSPITAL VISITS	746	2,973	137,081.38	46.11	.026	183.76	1.19
CRITICAL CARE	112	626	83,593.98	133.54	.005	746.37	.73
SNF/ICF/TRANS IP CARE	48	98	3,364.70	34.33	.001	70.10	.03
OPHTHALMOLOGICAL SERVICES	365	437	18,403.76	42.11	.004	50.42	.16
EXAMINATIONS	352	424	18,143.76	42.79	.004	51.54	.16
SERVICES AND MATERIALS	13	13	260.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	771	4,073	417,459.13	102.49	.035	541.45	3.63
PRINCIPAL SURGEON	511	735	326,126.06	443.71	.006	638.21	2.83
ASSISTANT SURGEON	82	82	15,271.11	186.23	.001	186.23	.13
ANESTHESIOLOGIST	342	3,256	76,061.96	23.36	.028	222.40	.66
OUTPATIENT SURGERY	1,042	3,152	224,223.03	71.14	.027	215.19	1.95
PRINCIPAL SURGEON	805	1,031	176,128.80	170.83	.009	218.79	1.53
ASSISTANT SURGEON	21	22	2,433.53	110.62	.000	115.88	.02
ANESTHESIOLOGIST	329	2,099	45,660.70	21.75	.018	138.79	.40
DIALYSIS	97	275	26,386.35	95.95	.002	272.02	.23
PATHOLOGY	683	1,153	18,255.63	15.83	.010	26.73	.16
RADIOLOGY	5,094	9,223	324,563.30	35.19	.080	63.71	2.82
PSYCHIATRY	5	7	325.01	46.43	.000	65.00	.00
IMMUNIZATION AND INJECTION	319	1,554	27,470.10	17.68	.014	86.11	.24
OTHER SERVICES/ALL X-OVERS	6,115	24,034	396,649.49	16.50	.209	64.87	3.45
@PHARMACY	46,431	365,820	\$ 15,623,303.64	\$ 42.71	3.180	\$ 336.48	\$ 135.81
PRESCRIPTION DRUGS	46,000	168,978	14,628,836.68	86.57	1.469	318.02	127.17
SNF/ICF	192	1,673	90,534.99	54.12	.015	471.54	.79
OUTPATIENTS	45,847	167,305	14,538,301.69	86.90	1.454	317.10	126.38
MEDICAL SUPPLIES	3,463	196,842	994,466.96	5.05	1.711	287.17	8.64
@DENTIST	5,628	25,468	\$ 999,938.38	\$ 39.26	.221	\$ 177.67	\$ 8.69
VISITS - DIAGNOSTIC	3,723	15,523	228,579.23	14.73	.135	61.40	1.99
ORAL SURGERY	906	2,161	111,757.80	51.72	.019	123.35	.97
DRUGS	70	80	1,545.00	19.31	.001	22.07	.01
ANESTHESIA	53	53	5,000.00	94.34	.000	94.34	.04
PERIODONTICS	171	195	29,220.00	149.85	.002	170.88	.25
ENDODONTICS	419	899	121,217.00	134.84	.008	289.30	1.05
RESTORATIVE DENTISTRY	1,879	5,176	346,497.20	66.94	.045	184.41	3.01
PROSTHETICS	18	18	440.00	24.44	.000	24.44	.00
DENTURES, STAYPLATES	306	823	122,065.15	148.32	.007	398.91	1.06
SPACE MAINTAINERS	30	42	4,339.00	103.31	.000	144.63	.04
MAXILLOFACIAL SERVICES	16	16	1,298.00	81.13	.000	81.13	.01
FRACTURES, DISLOCATIONS	1	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	232	283	26,630.00	94.10	.002	114.78	.23
ALL OTHER SERVICES	99	199	1,350.00	6.78	.002	13.64	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,258					
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04					
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

115,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,032	5,756	\$ 124,905.22	\$ 21.70	.050	\$ 61.47	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	1,117	1,167	51,886.59	44.46	.010	46.45	.45

EYE APPLIANCES	1,572	4,444		70,478.60		15.86	.039	44.83	.61
OTHER OPTOMETRIC SERVICES	93	145		2,540.03		17.52	.001	27.31	.02
@CHIROPRACTOR	501	1,147	\$	18,712.14	\$	16.31	.010	\$ 37.35	\$.16
VISITS	475	1,095		18,141.20		16.57	.010	38.19	.16
OTHER SERVICES	26	52		570.94		10.98	.000	21.96	.00
@PODIATRIST	299	475	\$	8,195.99	\$	17.25	.004	\$ 27.41	\$.07
MEDICINE/INJECTIONS	62	80		2,046.84		25.59	.001	33.01	.02
SURGERY/ANES.	1	3		716.86		238.95	.000	716.86	.01
RADIO./PATHOLOGY	7	12		207.60		17.30	.000	29.66	.00
OTHER	237	380		5,224.69		13.75	.003	22.05	.05
@HOME HEALTH AGENCY	359	3,077	\$	135,633.46	\$	44.08	.027	\$ 377.81	\$ 1.18
NURSE ANESTHESIST	29	318	\$	2,755.46	\$	8.66	.003	\$ 95.02	\$.02
NURSE MIDWIFE	39	88	\$	30,673.69	\$	348.56	.001	\$ 786.50	\$.27
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2,421	5,862	\$	89,392.53	\$	15.25	.051	\$ 36.92	\$.78
@TOTAL HOSPITAL	11,041	58,068	\$	10,761,647.14	\$	185.33	.505	\$ 974.70	\$ 93.55
HOSP INPATIENT TOTAL	1,297	6,741		9,178,748.46		1361.63	.059	7076.91	79.79
HSC HOSPITALS	167	1,451		1,914,278.29		1319.28	.013	11462.74	16.64
NON-HSC HOSPITAL TOTAL	847	4,034		7,028,254.93		1742.25	.035	8297.82	61.10
ACCOMMODATIONS	844	4,034		1,722,700.05		427.05	.035	2041.11	14.98
ADMINISTRATIVE DAYS	33	394		89,534.78		227.25	.003	2713.18	.78
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	834	3,640		1,633,165.27		448.67	.032	1958.23	14.20
ANCILLARIES	847	0		5,305,554.88		.00	.000	6263.94	46.12
INPATIENT CROSSOVERS	300	1,256		236,215.24		188.07	.011	787.38	2.05
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,399	51,327		1,582,898.68		30.84	.446	152.22	13.76
MEDICAL	3,405	5,509		270,149.41		49.04	.048	79.34	2.35
SURGERY	888	1,051		51,618.11		49.11	.009	58.13	.45
PATHOLOGY	3,964	17,816		218,336.80		12.26	.155	55.08	1.90
RADIOLOGY	4,155	6,058		382,648.78		63.16	.053	92.09	3.33
ROOM USE	4,897	7,077		287,500.96		40.62	.062	58.71	2.50
CROSSOVERS/ALL OTH OUTPTNT	4,293	13,816		372,644.62		26.97	.120	86.80	3.24
@COUNTY HOSPITAL TOTAL	29	157	\$	20,802.54	\$	132.50	.001	\$ 717.33	\$.18
CO HOSPITAL INPATIENT TOTAL	5	14		15,988.00		1142.00	.000	3197.60	.14
HSC HOSPITALS	5	14		15,988.00		1142.00	.000	3197.60	.14
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	25	143		4,814.54		33.67	.001	192.58	.04
MEDICAL	5	6		202.59		33.77	.000	40.52	.00
SURGERY	6	6		133.92		22.32	.000	22.32	.00
PATHOLOGY	14	54		919.86		17.03	.000	65.70	.01
RADIOLOGY	7	9		1,401.29		155.70	.000	200.18	.01
ROOM USE	15	25		1,023.38		40.94	.000	68.23	.01
CROSSOVERS/ALL OTH OUTPTNT	17	43		1,133.50		26.36	.000	66.68	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL								

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	115,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,022	57,911	\$	10,740,844.60	\$ 185.47	.503	\$ 974.49	\$ 93.37
COMM HOSP INPATIENT TOTAL	1,292	6,727		9,162,760.46	1362.09	.058	7091.92	79.65
HSC HOSPITALS	162	1,437		1,898,290.29	1321.01	.012	11717.84	16.50

NON-HSC HOSPITALS TOTAL	847	4,034		7,028,254.93		1742.25	.035	8297.82	61.10
ACCOMMODATIONS	844	4,034		1,722,700.05		427.05	.035	2041.11	14.98
ADMINISTRATIVE DAYS	33	394		89,534.78		227.25	.003	2713.18	.78
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	834	3,640		1,633,165.27		448.67	.032	1958.23	14.20
ANCILLARIES	847	0		5,305,554.88		.00	.000	6263.94	46.12
INPATIENT CROSSOVERS	300	1,256		236,215.24		188.07	.011	787.38	2.05
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,382	51,184		1,578,084.14		30.83	.445	152.00	13.72
MEDICAL	3,400	5,503		269,946.82		49.05	.048	79.40	2.35
SURGERY	882	1,045		51,484.19		49.27	.009	58.37	.45
PATHOLOGY	3,954	17,762		217,416.94		12.24	.154	54.99	1.89
RADIOLOGY	4,150	6,049		381,247.49		63.03	.053	91.87	3.31
ROOM USE	4,886	7,052		286,477.58		40.62	.061	58.63	2.49
CROSSOVERS/ALL OTH OUTPTNT	4,280	13,773		371,511.12		26.97	.120	86.80	3.23
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	222	4,814	\$	799,755.83	\$	166.13	.042	3602.50	6.95
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	254		146,430.13		576.50	.002	20918.59	1.27
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	217	4,560		653,325.70		143.27	.040	3010.72	5.68
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	66,718.35	\$	182.79	.003	5559.86	.58
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	365		66,718.35		182.79	.003	5559.86	.58
@HEMODIALYSIS TOTAL	274	9,908	\$	448,440.55	\$	45.26	.086	1636.64	3.90
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	274	9,908		448,440.55		45.26	.086	1636.64	3.90
@REHABILITATION FACILITY	26	63	\$	2,571.05	\$	40.81	.001	98.89	.02
HOSPITAL BASED	22	59		2,458.99		41.68	.001	111.77	.02
INDEPENDENT FACILITY	4	4		112.06		28.02	.000	28.02	.00
@LABORATORY FACILITY	4,821	23,064	\$	288,130.70	\$	12.49	.200	59.77	2.50
PATHOLOGY	4,791	23,028		287,639.56		12.49	.200	60.04	2.50
XO AND OTHERS	30	36		491.14		13.64	.000	16.37	.00
@ORGANIZED OUTPATIENT CLINIC	23,080	40,540	\$	2,935,416.06	\$	72.41	.352	127.18	25.52
CLINIC	728	2,935		73,729.89		25.12	.026	101.28	.64
SURGICENTER	189	790		32,447.32		41.07	.007	171.68	.28
HEROIN DETOX CLINIC	12	161		1,876.91		11.66	.001	156.41	.02
RURAL HEALTH CLINIC	22,362	36,654		2,827,361.94		77.14	.319	126.44	24.58

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	115,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13,221	394,928	\$	1,888,440.12	\$ 4.78	3.433	\$ 142.84	\$ 16.42
DURABLE MED. EQUIP.	1,020	2,529		321,266.18	127.03	.022	314.97	2.79
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	136	174		29,282.50	168.29	.002	215.31	.25
MEDICAL TRANSPORTATION	1,741	40,957		346,602.09	8.46	.356	199.08	3.01
AMBULANCES/AIR TRANS	1,447	11,208		194,666.95	17.37	.097	134.53	1.69
OTHER TRANS	219	28,709		116,411.97	4.05	.250	531.56	1.01
OTHER SERVICES	119	1,040		35,523.17	34.16	.009	298.51	.31
ACUPUNCTURE	38	76		1,292.18	17.00	.001	34.00	.01
ADULT DAY HEALTH CARE CTR	11	211		14,542.59	68.92	.002	1322.05	.13
GENETIC DISEASE TESTING	65	65		6,775.00	104.23	.001	104.23	.06

IHMC,MODEL-NF,NF,AIDS,MSSP	544	12,060	477,202.42	39.57	.105	877.21	4.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,769	3,967	44,056.18	11.11	.034	24.90	.38
PHYSICAL THERAPIST	69	330	4,961.30	15.03	.003	71.90	.04
PORTABLE X-RAY	12	28	472.74	16.88	.000	39.40	.00
PROSTHETIST/ORTHOTISTS	296	615	57,002.73	92.69	.005	192.58	.50
PROSTHETICS	291	609	56,495.47	92.77	.005	194.14	.49
ORTHOTICS	6	6	507.26	84.54	.000	84.54	.00
PSYCHOLOGIST	1	3	56.99	19.00	.000	56.99	.00
SPEECH AND AUDIOLOGY	354	969	42,589.00	43.95	.008	120.31	.37
HOSPICE SERVICES	14	339	40,092.59	118.27	.003	2863.76	.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,189	45,359	297,507.38	6.56	.394	57.33	2.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,921	287,246		204,738.25		.71	2.497	70.09	1.78
@CALIF. CHILDREN SERVICES*	551	6,981	\$	2,291,103.31	\$	328.19	.061	\$ 4158.08	\$ 19.92
@XOVER EXCLUDING STATE HOSP**	6,585	51,106	\$	967,305.22	\$	18.93	.444	\$ 146.90	\$ 8.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,261
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

1,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	763	2,721	\$ 210,019.77	\$ 77.18	2.412	\$ 275.26	\$ 186.19	
@PHYSICIANS SERVICES	189	404	\$ 18,597.67	\$ 46.03	.358	\$ 98.40	\$ 16.49	
OUTPATIENT VISITS	127	178	5,413.79	30.41	.158	42.63	4.80	
OFFICE VISITS	126	177	5,369.19	30.33	.157	42.61	4.76	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.04	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	18	96	8,309.94	86.56	.085	461.66	7.37	
HOSPITAL VISITS	14	26	1,194.30	45.93	.023	85.31	1.06	
CRITICAL CARE	6	70	7,115.64	101.65	.062	1185.94	6.31	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	7	12	440.65	36.72	.011	62.95	.39	
EXAMINATIONS	7	12	440.65	36.72	.011	62.95	.39	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	6	987.67	164.61	.005	329.22	.88	
PRINCIPAL SURGEON	2	2	843.09	421.55	.002	421.55	.75	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	4	144.58	36.15	.004	144.58	.13	
OUTPATIENT SURGERY	6	16	684.21	42.76	.014	114.04	.61	
PRINCIPAL SURGEON	4	5	327.65	65.53	.004	81.91	.29	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	11	356.56	32.41	.010	118.85	.32	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	5	6	74.59	12.43	.005	14.92	.07	
RADIOLOGY	39	48	1,225.79	25.54	.043	31.43	1.09	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1	7.65	7.65	.001	7.65	.01	
OTHER SERVICES/ALL X-OVERS	20	41	1,453.38	35.45	.036	72.67	1.29	
@PHARMACY	346	807	\$ 34,858.20	\$ 43.19	.715	\$ 100.75	\$ 30.90	
PRESCRIPTION DRUGS	341	777	34,770.63	44.75	.689	101.97	30.83	
SNF/ICF	1	1	107.23	107.23	.001	107.23	.10	
OUTPATIENTS	340	776	34,663.40	44.67	.688	101.95	30.73	
MEDICAL SUPPLIES	13	30	87.57	2.92	.027	6.74	.08	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

PAGE 18,262
01/29/04

1,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	5	\$ 273.43	\$ 54.69	.004	\$ 91.14	\$.24
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	12	\$ 187.06	\$ 15.59	.011	\$ 37.41	\$.17
@TOTAL HOSPITAL	98	408	\$ 86,950.28	\$ 213.11	.362	\$ 887.25	\$ 77.08
HOSP INPATIENT TOTAL	15	76	78,272.18	1029.90	.067	5218.15	69.39
HSC HOSPITALS	5	58	63,057.50	1087.20	.051	12611.50	55.90
NON-HSC HOSPITAL TOTAL	10	18	15,214.68	845.26	.016	1521.47	13.49
ACCOMMODATIONS	10	18	6,971.10	387.28	.016	697.11	6.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	18	6,971.10	387.28	.016	697.11	6.18
ANCILLARIES	10	0	8,243.58	.00	.000	824.36	7.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	86	332	8,678.10	26.14	.294	100.91	7.69
MEDICAL	35	46	2,151.28	46.77	.041	61.47	1.91
SURGERY	7	9	569.46	63.27	.008	81.35	.50
PATHOLOGY	39	124	1,255.17	10.12	.110	32.18	1.11
RADIOLOGY	35	42	1,372.02	32.67	.037	39.20	1.22
ROOM USE	61	69	2,719.12	39.41	.061	44.58	2.41
CROSSOVERS/ALL OTH OUTPTNT	30	42	611.05	14.55	.037	20.37	.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

1,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	98	408	\$ 86,950.28	\$ 213.11	.362		\$ 887.25	\$ 77.08
COMM HOSP INPATIENT TOTAL	15	76	78,272.18	1029.90	.067		5218.15	69.39
HSC HOSPITALS	5	58	63,057.50	1087.20	.051		12611.50	55.90
NON-HSC HOSPITALS TOTAL	10	18	15,214.68	845.26	.016		1521.47	13.49
ACCOMMODATIONS	10	18	6,971.10	387.28	.016		697.11	6.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	10	18	6,971.10	387.28	.016		697.11	6.18
ANCILLARIES	10	0	8,243.58	.00	.000		824.36	7.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	86	332	8,678.10	26.14	.294		100.91	7.69
MEDICAL	35	46	2,151.28	46.77	.041		61.47	1.91
SURGERY	7	9	569.46	63.27	.008		81.35	.50
PATHOLOGY	39	124	1,255.17	10.12	.110		32.18	1.11
RADIOLOGY	35	42	1,372.02	32.67	.037		39.20	1.22
ROOM USE	61	69	2,719.12	39.41	.061		44.58	2.41
CROSSOVERS/ALL OTH OUTPTNT	30	42	611.05	14.55	.037		20.37	.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	26	37	\$ 448.44	\$ 12.12	.033		\$ 17.25	\$.40
PATHOLOGY	26	37	448.44	12.12	.033		17.25	.40
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	465	842	\$ 65,299.36	\$ 77.55	.746		\$ 140.43	\$ 57.89
CLINIC	6	17	333.06	19.59	.015		55.51	.30
SURGICENTER	1	7	246.21	35.17	.006		246.21	.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	459	818	64,720.09	79.12	.725		141.00	57.38

1,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	30	206	\$ 3,405.33	\$ 16.53	.183		\$ 113.51	\$ 3.02

DURABLE MED. EQUIP.	17	19	1,492.76	78.57	.017	87.81	1.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	179	1,609.48	8.99	.159	160.95	1.43
AMBULANCES/AIR TRANS	10	179	1,609.48	8.99	.159	160.95	1.43
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	249.42	41.57	.005	83.14	.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	53.67	26.84	.002	26.84	.05
@CALIF. CHILDREN SERVICES*	7	51	\$ 44,622.53	\$ 874.95	.045	\$ 6374.65	\$ 39.56
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,265
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	1,991 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,382	8,426	\$	1,159,924.65	\$ 137.66	4.232	\$ 839.31	\$ 582.58
@PHYSICIANS SERVICES	611	1,712	\$	170,263.20	\$ 99.45	.860	\$ 278.66	\$ 85.52
OUTPATIENT VISITS	202	216		19,909.49	92.17	.108	98.56	10.00
OFFICE VISITS	43	49		2,234.08	45.59	.025	51.96	1.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		249.65	62.41	.002	62.41	.13
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	159	160		17,378.36	108.61	.080	109.30	8.73
OTHER OUTPATIENT	2	3		47.40	15.80	.002	23.70	.02
INPATIENT VISITS	107	356		27,043.67	75.97	.179	252.74	13.58
HOSPITAL VISITS	99	258		11,660.35	45.20	.130	117.78	5.86
CRITICAL CARE	14	98		15,383.32	156.97	.049	1098.81	7.73
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	177	568		100,215.43	176.44	.285	566.19	50.33
PRINCIPAL SURGEON	93	99		80,951.75	817.69	.050	870.45	40.66
ASSISTANT SURGEON	23	23		4,343.58	188.85	.012	188.85	2.18
ANESTHESIOLOGIST	89	446		14,920.10	33.45	.224	167.64	7.49
OUTPATIENT SURGERY	35	68		3,330.52	48.98	.034	95.16	1.67
PRINCIPAL SURGEON	29	41		2,503.51	61.06	.021	86.33	1.26

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	27	827.01	30.63	.014	91.89	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	28	46	1,176.61	25.58	.023	42.02	.59
RADIOLOGY	230	296	11,662.69	39.40	.149	50.71	5.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	23	390.38	16.97	.012	43.38	.20
OTHER SERVICES/ALL X-OVERS	66	139	6,534.41	47.01	.070	99.01	3.28
@PHARMACY	350	661	\$ 18,111.89	\$ 27.40	.332	\$ 51.75	\$ 9.10
PRESCRIPTION DRUGS	345	639	17,265.61	27.02	.321	50.05	8.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	345	639	17,265.61	27.02	.321	50.05	8.67
MEDICAL SUPPLIES	12	22	846.28	38.47	.011	70.52	.43
@DENTIST	1	13	\$ 39.00	\$ 3.00	.007	\$ 39.00	\$.02
VISITS - DIAGNOSTIC	1	12	39.00	3.25	.006	39.00	.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.001	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,266
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

1,991 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	69	75	\$ 3,112.59	\$ 41.50	.038	\$ 45.11	\$ 1.56
NURSE ANESTHESIST	2	6	203.20	33.87	.003	101.60	.10
NURSE MIDWIFE	30	128	21,212.38	165.72	.064	707.08	10.65
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	4	36.11	9.03	.002	18.06	.02
@TOTAL HOSPITAL	634	4,136	\$ 889,137.67	\$ 214.98	2.077	\$ 1402.43	\$ 446.58
HOSP INPATIENT TOTAL	134	645	807,644.32	1252.16	.324	6027.20	405.65
HSC HOSPITALS	11	150	228,610.03	1524.07	.075	20782.73	114.82
NON-HSC HOSPITAL TOTAL	123	495	579,034.29	1169.77	.249	4707.60	290.83
ACCOMMODATIONS	122	495	178,775.55	361.16	.249	1465.37	89.79
ADMINISTRATIVE DAYS	1	7	1,619.10	231.30	.004	1619.10	.81
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	121	488	177,156.45	363.03	.245	1464.10	88.98
ANCILLARIES	123	0	400,258.74	.00	.000	3254.14	201.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	567	3,491	81,493.35	23.34	1.753	143.73	40.93
MEDICAL	55	73	4,108.05	56.27	.037	74.69	2.06
SURGERY	28	32	856.28	26.76	.016	30.58	.43
PATHOLOGY	330	1,056	14,347.37	13.59	.530	43.48	7.21
RADIOLOGY	169	188	11,316.07	60.19	.094	66.96	5.68
ROOM USE	238	571	19,316.59	33.83	.287	81.16	9.70
CROSSOVERS/ALL OTH OUTPTNT	223	1,571	31,548.99	20.08	.789	141.48	15.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,267
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

1,991 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
----- MONTHLY AVERAGE -----							
@COMMUNITY HOSPITAL TOTAL	634	4,136	\$ 889,137.67	\$ 214.98	2.077	\$ 1402.43	\$ 446.58
COMM HOSP INPATIENT TOTAL	134	645	807,644.32	1252.16	.324	6027.20	405.65
HSC HOSPITALS	11	150	228,610.03	1524.07	.075	20782.73	114.82
NON-HSC HOSPITALS TOTAL	123	495	579,034.29	1169.77	.249	4707.60	290.83
ACCOMMODATIONS	122	495	178,775.55	361.16	.249	1465.37	89.79
ADMINISTRATIVE DAYS	1	7	1,619.10	231.30	.004	1619.10	.81
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	121	488	177,156.45	363.03	.245	1464.10	88.98
ANCILLARIES	123	0	400,258.74	.00	.000	3254.14	201.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	567	3,491	81,493.35	23.34	1.753	143.73	40.93
MEDICAL	55	73	4,108.05	56.27	.037	74.69	2.06
SURGERY	28	32	856.28	26.76	.016	30.58	.43
PATHOLOGY	330	1,056	14,347.37	13.59	.530	43.48	7.21
RADIOLOGY	169	188	11,316.07	60.19	.094	66.96	5.68
ROOM USE	238	571	19,316.59	33.83	.287	81.16	9.70
CROSSOVERS/ALL OTH OUTPTNT	223	1,571	31,548.99	20.08	.789	141.48	15.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	261	901	\$ 14,560.66	\$ 16.16	.453	\$ 55.79	\$ 7.31
PATHOLOGY	261	901	14,560.66	16.16	.453	55.79	7.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	194	454	\$ 33,978.24	\$ 74.84	.228	\$ 175.15	\$ 17.07
CLINIC	16	69	3,125.78	45.30	.035	195.36	1.57

SURGICENTER	1	8	199.69	24.96	.004	199.69	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	177	377	30,652.77	81.31	.189	173.18	15.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,268
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,991 ELIGIBLES							
@ALL OTHER PROVIDERS	76	336	\$ 9,269.71	\$ 27.59	.169	\$ 121.97	\$ 4.66
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	274	2,844.83	10.38	.138	177.80	1.43
AMBULANCES/AIR TRANS	16	274	2,844.83	10.38	.138	177.80	1.43
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	60	6,247.50	104.13	.030	105.89	3.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	177.38	88.69	.001	88.69	.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	2	2	177.38	88.69	.001	88.69	.09
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	18	261	\$ 173,309.10	\$ 664.02	.131	\$ 9628.28	\$ 87.05
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,269
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
04 ELIGIBLES							
@TOTAL, ALL PROVIDERS	24	105	\$ 13,450.61	\$ 128.10	26.250	\$ 560.44	\$ 3362.65
@PHYSICIANS SERVICES	11	27	\$ 1,639.26	\$ 60.71	6.750	\$ 149.02	\$ 409.82
OUTPATIENT VISITS	2	2	97.98	48.99	.500	48.99	24.50
OFFICE VISITS	1	1	37.50	37.50	.250	37.50	9.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.250	60.48	15.12
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	7	320.01	45.72	1.750	160.01	80.00
HOSPITAL VISITS	2	7	320.01	45.72	1.750	160.01	80.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10	579.98	58.00	2.500	193.33	145.00
PRINCIPAL SURGEON	1	1	272.14	272.14	.250	272.14	68.04
ASSISTANT SURGEON	1	1	107.22	107.22	.250	107.22	26.81
ANESTHESIOLOGIST	1	8	200.62	25.08	2.000	200.62	50.16
OUTPATIENT SURGERY	1	1	536.48	536.48	.250	536.48	134.12
PRINCIPAL SURGEON	1	1	536.48	536.48	.250	536.48	134.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	3.80	3.80	.250	3.80	.95
RADIOLOGY	4	6	101.01	16.84	1.500	25.25	25.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

PAGE 18,270

01/29/04

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	3	25.23	8.41	.750	25.23	6.31
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	28	\$	10,598.10	\$	378.50	7.000	\$	1514.01	\$	2649.53
HOSP INPATIENT TOTAL	2	7		10,010.88		1430.13	1.750		5005.44		2502.72
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	7		10,010.88		1430.13	1.750		5005.44		2502.72
ACCOMMODATIONS	2	7		1,947.85		278.26	1.750		973.93		486.96
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	7		1,947.85		278.26	1.750		973.93		486.96
ANCILLARIES	2	0		8,063.03		.00	.000		4031.52		2015.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	21		587.22		27.96	5.250		97.87		146.81
MEDICAL	3	3		248.24		82.75	.750		82.75		62.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		74.12		12.35	1.500		24.71		18.53

RADIOLOGY	2	2	84.37	42.19	.500	42.19	21.09
ROOM USE	3	3	103.26	34.42	.750	34.42	25.82
CROSSOVERS/ALL OTH OUTPTNT	2	7	77.23	11.03	1.750	38.62	19.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,271
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	28	\$ 10,598.10	\$ 378.50	7.000	\$ 1514.01	\$ 2649.53
COMM HOSP INPATIENT TOTAL	2	7	10,010.88	1430.13	1.750	5005.44	2502.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	10,010.88	1430.13	1.750	5005.44	2502.72
ACCOMMODATIONS	2	7	1,947.85	278.26	1.750	973.93	486.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,947.85	278.26	1.750	973.93	486.96
ANCILLARIES	2	0	8,063.03	.00	.000	4031.52	2015.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	21	587.22	27.96	5.250	97.87	146.81
MEDICAL	3	3	248.24	82.75	.750	82.75	62.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	74.12	12.35	1.500	24.71	18.53
RADIOLOGY	2	2	84.37	42.19	.500	42.19	21.09
ROOM USE	3	3	103.26	34.42	.750	34.42	25.82
CROSSOVERS/ALL OTH OUTPTNT	2	7	77.23	11.03	1.750	38.62	19.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$	125.62	\$	17.95	1.750	\$ 31.41	\$ 31.41
PATHOLOGY	4	7		125.62		17.95	1.750	31.41	31.41
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	566.38	\$	94.40	1.500	\$ 113.28	\$ 141.60
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		566.38		94.40	1.500	113.28	141.60

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

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04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	34	\$ 496.02	\$ 14.59	8.500	\$ 165.34	\$ 124.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	34	496.02	14.59	8.500	165.34	124.01
AMBULANCES/AIR TRANS	3	34	496.02	14.59	8.500	165.34	124.01
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

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3,123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,169	11,252	\$ 1,383,395.03	\$ 122.95	3.603	\$ 637.80	\$ 442.97
@PHYSICIANS SERVICES	811	2,143	\$ 190,500.13	\$ 88.89	.686	\$ 234.90	\$ 61.00

OUTPATIENT VISITS	331	396		25,421.26	64.20	.127	76.80	8.14
OFFICE VISITS	170	227		7,640.77	33.66	.073	44.95	2.45
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5		294.25	58.85	.002	58.85	.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	160	161		17,438.84	108.32	.052	108.99	5.58
OTHER OUTPATIENT	2	3		47.40	15.80	.001	23.70	.02
INPATIENT VISITS	127	459		35,673.62	77.72	.147	280.89	11.42
HOSPITAL VISITS	115	291		13,174.66	45.27	.093	114.56	4.22
CRITICAL CARE	20	168		22,498.96	133.92	.054	1124.95	7.20
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	12		440.65	36.72	.004	62.95	.14
EXAMINATIONS	7	12		440.65	36.72	.004	62.95	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	183	584		101,783.08	174.29	.187	556.19	32.59
PRINCIPAL SURGEON	96	102		82,066.98	804.58	.033	854.86	26.28
ASSISTANT SURGEON	24	24		4,450.80	185.45	.008	185.45	1.43
ANESTHESIOLOGIST	91	458		15,265.30	33.33	.147	167.75	4.89
OUTPATIENT SURGERY	42	85		4,551.21	53.54	.027	108.36	1.46
PRINCIPAL SURGEON	34	47		3,367.64	71.65	.015	99.05	1.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	38		1,183.57	31.15	.012	98.63	.38
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	34	53		1,255.00	23.68	.017	36.91	.40
RADIOLOGY	273	350		12,989.49	37.11	.112	47.58	4.16
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	24		398.03	16.58	.008	39.80	.13
OTHER SERVICES/ALL X-OVERS	86	180		7,987.79	44.38	.058	92.88	2.56
@PHARMACY	696	1,468	\$	52,970.09	36.08	.470	76.11	16.96
PRESCRIPTION DRUGS	686	1,416		52,036.24	36.75	.453	75.85	16.66
SNF/ICF	1	1		107.23	107.23	.000	107.23	.03
OUTPATIENTS	685	1,415		51,929.01	36.70	.453	75.81	16.63
MEDICAL SUPPLIES	25	52		933.85	17.96	.017	37.35	.30
@DENTIST	1	13	\$	39.00	3.00	.004	39.00	.01
VISITS - DIAGNOSTIC	1	12		39.00	3.25	.004	39.00	.01
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,274
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							
3,123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	72	80	\$	3,386.02	\$	42.33	.026	\$ 47.03	\$ 1.08
NURSE ANESTHESIST	2	6	\$	203.20	\$	33.87	.002	\$ 101.60	\$.07
NURSE MIDWIFE	31	131	\$	21,237.61	\$	162.12	.042	\$ 685.08	\$ 6.80
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	16	\$	223.17	\$	13.95	.005	\$ 31.88	\$.07
@TOTAL HOSPITAL	739	4,572	\$	986,686.05	\$	215.81	1.464	\$ 1335.16	\$ 315.94
HOSP INPATIENT TOTAL	151	728		895,927.38		1230.67	.233	5933.29	286.88
HSC HOSPITALS	16	208		291,667.53		1402.25	.067	18229.22	93.39
NON-HSC HOSPITAL TOTAL	135	520		604,259.85		1162.04	.167	4476.00	193.49
ACCOMMODATIONS	134	520		187,694.50		360.95	.167	1400.71	60.10
ADMINISTRATIVE DAYS	1	7		1,619.10		231.30	.002	1619.10	.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	133	513		186,075.40		362.72	.164	1399.06	59.58
ANCILLARIES	135	0		416,565.35		.00	.000	3085.67	133.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	659	3,844		90,758.67		23.61	1.231	137.72	29.06
MEDICAL	93	122		6,507.57		53.34	.039	69.97	2.08
SURGERY	35	41		1,425.74		34.77	.013	40.74	.46
PATHOLOGY	372	1,186		15,676.66		13.22	.380	42.14	5.02
RADIOLOGY	206	232		12,772.46		55.05	.074	62.00	4.09
ROOM USE	302	643		22,138.97		34.43	.206	73.31	7.09
CROSSOVERS/ALL OTH OUTPTNT	255	1,620		32,237.27		19.90	.519	126.42	10.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	3,123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	739	4,572	\$	986,686.05	\$ 215.81	1.464	\$ 1335.16	\$ 315.94
COMM HOSP INPATIENT TOTAL	151	728		895,927.38	1230.67	.233	5933.29	286.88
HSC HOSPITALS	16	208		291,667.53	1402.25	.067	18229.22	93.39
NON-HSC HOSPITALS TOTAL	135	520		604,259.85	1162.04	.167	4476.00	193.49
ACCOMMODATIONS	134	520		187,694.50	360.95	.167	1400.71	60.10
ADMINISTRATIVE DAYS	1	7		1,619.10	231.30	.002	1619.10	.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	133	513	186,075.40	362.72	.164	1399.06	59.58
ANCILLARIES	135	0	416,565.35	.00	.000	3085.67	133.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	659	3,844	90,758.67	23.61	1.231	137.72	29.06
MEDICAL	93	122	6,507.57	53.34	.039	69.97	2.08
SURGERY	35	41	1,425.74	34.77	.013	40.74	.46
PATHOLOGY	372	1,186	15,676.66	13.22	.380	42.14	5.02
RADIOLOGY	206	232	12,772.46	55.05	.074	62.00	4.09
ROOM USE	302	643	22,138.97	34.43	.206	73.31	7.09
CROSSOVERS/ALL OTH OUTPTNT	255	1,620	32,237.27	19.90	.519	126.42	10.32
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	291	945	\$ 15,134.72	\$ 16.02	.303	\$ 52.01	\$ 4.85
PATHOLOGY	291	945	15,134.72	16.02	.303	52.01	4.85
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	664	1,302	\$ 99,843.98	\$ 76.69	.417	\$ 150.37	\$ 31.97
CLINIC	22	86	3,458.84	40.22	.028	157.22	1.11
SURGICENTER	2	15	445.90	29.73	.005	222.95	.14
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	641	1,201	95,939.24	79.88	.385	149.67	30.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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	3,123 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	109	576	\$	13,171.06	\$ 22.87	.184	\$ 120.84	\$ 4.22
DURABLE MED. EQUIP.	17	19		1,492.76	78.57	.006	87.81	.48
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	487		4,950.33	10.16	.156	170.70	1.59
AMBULANCES/AIR TRANS	29	487		4,950.33	10.16	.156	170.70	1.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	60		6,247.50	104.13	.019	105.89	2.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		177.38	88.69	.001	88.69	.06
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	2	2		177.38	88.69	.001	88.69	.06
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		249.42	41.57	.002	83.14	.08
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		53.67	26.84	.001	26.84	.02
@CALIF. CHILDREN SERVICES*	25	312	\$	217,931.63	\$ 698.50	.100	\$ 8717.27	\$ 69.78
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

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	1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	960	12,805	\$	419,589.18	\$ 32.77	12.792	\$ 437.07	\$ 419.17
@PHYSICIANS SERVICES	227	642	\$	9,109.12	\$ 14.19	.641	\$ 40.13	\$ 9.10
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	12		24.06	2.01	.012	8.02	.02
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	224	630		9,085.06	14.42	.629	40.56	9.08
@PHARMACY	874	7,793	\$	275,536.84	\$ 35.36	7.785	\$ 315.26	\$ 275.26
PRESCRIPTION DRUGS	867	3,525		270,307.74	76.68	3.521	311.77	270.04
SNF/ICF	10	44		1,672.23	38.01	.044	167.22	1.67
OUTPATIENTS	857	3,481		268,635.51	77.17	3.478	313.46	268.37
MEDICAL SUPPLIES	80	4,268		5,229.10	1.23	4.264	65.36	5.22
@DENTIST	27	87	\$	5,811.00	\$ 66.79	.087	\$ 215.22	\$ 5.81
VISITS - DIAGNOSTIC	14	41		431.00	10.51	.041	30.79	.43
ORAL SURGERY	2	9		465.00	51.67	.009	232.50	.46
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	3		430.00	143.33	.003	215.00	.43
RESTORATIVE DENTISTRY	5	17		1,085.00	63.82	.017	217.00	1.08
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	12	16		3,370.00	210.63	.016	280.83	3.37
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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YUBA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	22	55	\$ 985.65	\$ 17.92	.055	\$ 44.80	\$.98
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.003	47.45	.14
EYE APPLIANCES	17	43	754.31	17.54	.043	44.37	.75
OTHER OPTOMETRIC SERVICES	5	9	88.99	9.89	.009	17.80	.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	23	\$ 279.19	\$ 12.14	.023	\$ 12.69	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	23	279.19	12.14	.023	12.69	.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	69	226	\$ 16,274.23	\$ 72.01	.226	\$ 235.86	\$ 16.26
HOSP INPATIENT TOTAL	17	58	12,172.52	209.87	.058	716.03	12.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	58	12,172.52	209.87	.058	716.03	12.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	53	168	4,101.71	24.41	.168	77.39	4.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	53	168	4,101.71	24.41	.168	77.39	4.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	226	\$ 16,274.23	\$ 72.01	.226	\$ 235.86	\$ 16.26
COMM HOSP INPATIENT TOTAL	17	58	12,172.52	209.87	.058	716.03	12.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	58	12,172.52	209.87	.058	716.03	12.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	168	4,101.71	24.41	.168	77.39	4.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	53	168	4,101.71	24.41	.168	77.39	4.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	441	\$ 62,442.46	\$ 141.59	.441	\$ 3902.65	\$ 62.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	441	62,442.46	141.59	.441	3902.65	62.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	28	\$ 11,946.69	\$ 426.67	.028	\$ 519.42	\$ 11.93
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	28	11,946.69	426.67	.028	519.42	11.93
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	4	\$ 35.62	\$ 8.91	.004	\$ 8.91	\$.04
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	4	4	35.62	8.91	.004	8.91	.04
@ORGANIZED OUTPATIENT CLINIC	141	250	\$ 7,929.23	\$ 31.72	.250	\$ 56.24	\$ 7.92
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	4	226.63	56.66	.004	226.63	.23
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	140	246	7,702.60	31.31	.246	55.02	7.69

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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1,001 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	216	3,256	\$ 29,239.15	\$ 8.98	3.253	\$ 135.37	\$ 29.21
DURABLE MED. EQUIP.	9	14	719.36	51.38	.014	79.93	.72
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	18	4,700.95	261.16	.018	313.40	4.70
MEDICAL TRANSPORTATION	22	2,054	7,238.07	3.52	2.052	329.00	7.23

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	16	1,996	6,959.43	3.49	1.994	434.96	6.95
OTHER SERVICES	8	58	278.64	4.80	.058	34.83	.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	34	114	9,348.93	82.01	.114	274.97	9.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	48	594.32	12.38	.048	31.28	.59
PHYSICAL THERAPIST	1	1	2.35	2.35	.001	2.35	.00
PORTABLE X-RAY	1	1	.50	.50	.001	.50	.00
PROSTHETIST/ORTHOTISTS	6	12	232.20	19.35	.012	38.70	.23
PROSTHETICS	6	12	232.20	19.35	.012	38.70	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	56.41	14.10	.004	18.80	.06

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	135	990	6,346.06	6.41	.989	47.01	6.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	404	1,675	\$ 56,294.64	\$ 33.61	1.673	\$ 139.34	\$ 56.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	6	\$ 297.59	\$ 49.60	6.000	\$ 99.20	\$ 297.59
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	5	\$ 272.25	\$ 54.45	5.000	\$ 136.13	\$ 272.25
PRESCRIPTION DRUGS	2	5	272.25	54.45	5.000	136.13	272.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	5	272.25	54.45	5.000	136.13	272.25
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,282
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,283
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 25.34	\$ 25.34	1.000	\$ 25.34	\$ 25.34
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	25.34	25.34	1.000	25.34	25.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,284

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

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01/29/04

484 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	425	3,936	\$ 216,791.12	\$ 55.08	8.132	\$ 510.10	\$ 447.92
@PHYSICIANS SERVICES	89	282	\$ 3,045.06	\$ 10.80	.583	\$ 34.21	\$ 6.29
OUTPATIENT VISITS	2	2	61.50	30.75	.004	30.75	.13
OFFICE VISITS	2	2	61.50	30.75	.004	30.75	.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.002	46.44	.10
EXAMINATIONS	1	1	46.44	46.44	.002	46.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	13	28.80	2.22	.027	9.60	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	83	266	2,908.32	10.93	.550	35.04	6.01
@PHARMACY	376	1,695	\$ 172,921.67	\$ 102.02	3.502	\$ 459.90	\$ 357.28
PRESCRIPTION DRUGS	373	1,648	170,720.06	103.59	3.405	457.69	352.73

SNF/ICF	2	12		530.24	44.19	.025	265.12	1.10
OUTPATIENTS	373	1,636		170,189.82	104.03	3.380	456.27	351.63
MEDICAL SUPPLIES	26	47		2,201.61	46.84	.097	84.68	4.55
@DENTIST	33	107	\$	7,378.00	\$ 68.95	.221	\$ 223.58	\$ 15.24
VISITS - DIAGNOSTIC	15	55		712.00	12.95	.114	47.47	1.47
ORAL SURGERY	6	16		626.00	39.13	.033	104.33	1.29
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.002	200.00	.41
ENDODONTICS	2	2		735.00	367.50	.004	367.50	1.52
RESTORATIVE DENTISTRY	13	23		2,565.00	111.52	.048	197.31	5.30
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	10		2,540.00	254.00	.021	423.33	5.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

484 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	17	48	\$ 947.76	\$ 19.75	.099	\$ 55.75	\$ 1.96
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.008	47.45	.39
EYE APPLIANCES	16	42	702.50	16.73	.087	43.91	1.45
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.004	55.46	.11
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 93.78	\$ 93.78	.002	\$ 93.78	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	93.78	93.78	.002	93.78	.19
@HOME HEALTH AGENCY	1	19	\$ 590.83	\$ 31.10	.039	\$ 590.83	\$ 1.22
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	37	168	\$ 8,801.25	\$ 52.39	.347	\$ 237.87	\$ 18.18
HOSP INPATIENT TOTAL	8	16	5,327.56	332.97	.033	665.95	11.01
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	16	5,327.56	332.97	.033	665.95	11.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	152	3,473.69	22.85	.314	115.79	7.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.24	3.62	.004	7.24	.01
RADIOLOGY	1	1	17.25	17.25	.002	17.25	.04
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	28	149	3,449.20	23.15	.308	123.19	7.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

484 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	168	\$ 8,801.25	\$ 52.39	.347	\$ 237.87	\$ 18.18
COMM HOSP INPATIENT TOTAL	8	16	5,327.56	332.97	.033	665.95	11.01
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	16	5,327.56	332.97	.033	665.95	11.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	152	3,473.69	22.85	.314	115.79	7.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.24	3.62	.004	7.24	.01
RADIOLOGY	1	1	17.25	17.25	.002	17.25	.04
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	28	149	3,449.20	23.15	.308	123.19	7.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	11	\$ 2,432.81	\$ 221.16	.023	\$ 1216.41	\$ 5.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	11	2,432.81	221.16	.023	1216.41	5.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	9	\$ 6,028.99	\$ 669.89	.019	\$ 1507.25	\$ 12.46
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	9	6,028.99	669.89	.019	1507.25	12.46
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	8	\$	69.05	\$	8.63	.017	\$ 34.53	\$.14
PATHOLOGY	2	8		69.05		8.63	.017	34.53	.14
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	72	171	\$	5,199.49	\$	30.41	.353	\$ 72.22	\$ 10.74
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	72	171		5,199.49		30.41	.353	72.22	10.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,288
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

484 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	61	1,417	\$ 9,282.43	\$ 6.55	2.928	\$ 152.17	\$ 19.18
DURABLE MED. EQUIP.	3	5	183.39	36.68	.010	61.13	.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	1,068	7,092.96	6.64	2.207	591.08	14.65
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	12	1,068	7,092.96	6.64	2.207	591.08	14.65
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	31	345.55	11.15	.064	23.04	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	53.87	53.87	.002	53.87	.11
PROSTHETICS	1	1	53.87	53.87	.002	53.87	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	312	1,606.66	5.15	.645	41.20	3.32
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	129	540	\$ 20,437.02	\$ 37.85	1.116	\$ 158.43	\$ 42.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,289
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES	DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 18,290 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,291
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,292
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,293
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

1,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,388	16,747	\$ 636,677.89	\$ 38.02	11.270	\$ 458.70	\$ 428.45
@PHYSICIANS SERVICES	316	924	\$ 12,154.18	\$ 13.15	.622	\$ 38.46	\$ 8.18
OUTPATIENT VISITS	2	2	61.50	30.75	.001	30.75	.04
OFFICE VISITS	2	2	61.50	30.75	.001	30.75	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	25	52.86	2.11	.017	8.81	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	307	896	11,993.38	13.39	.603	39.07	8.07
@PHARMACY	1,252	9,493	\$ 448,730.76	\$ 47.27	6.388	\$ 358.41	\$ 301.97
PRESCRIPTION DRUGS	1,242	5,178	441,300.05	85.23	3.485	355.31	296.97
SNF/ICF	12	56	2,202.47	39.33	.038	183.54	1.48
OUTPATIENTS	1,232	5,122	439,097.58	85.73	3.447	356.41	295.49
MEDICAL SUPPLIES	106	4,315	7,430.71	1.72	2.904	70.10	5.00
@DENTIST	60	194	\$ 13,189.00	\$ 67.98	.131	\$ 219.82	\$ 8.88
VISITS - DIAGNOSTIC	29	96	1,143.00	11.91	.065	39.41	.77
ORAL SURGERY	8	25	1,091.00	43.64	.017	136.38	.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.13
ENDODONTICS	4	5	1,165.00	233.00	.003	291.25	.78
RESTORATIVE DENTISTRY	18	40	3,650.00	91.25	.027	202.78	2.46
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	18	26	5,910.00	227.31	.017	328.33	3.98
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 18,294
01/29/04

1,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	

@OPTOMETRIST	39	103	\$	1,933.41	\$	18.77	.069	\$	49.57	\$	1.30
DIAGNOSTIC AND ANC. PROCED	7	7		332.15		47.45	.005		47.45		.22
EYE APPLIANCES	33	85		1,456.81		17.14	.057		44.15		.98
OTHER OPTOMETRIC SERVICES	6	11		144.45		13.13	.007		24.08		.10
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	23	24	\$	372.97	\$	15.54	.016	\$	16.22	\$	.25
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	23	24		372.97		15.54	.016		16.22		.25
@HOME HEALTH AGENCY	1	19	\$	590.83	\$	31.10	.013	\$	590.83	\$	.40
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	106	394	\$	25,075.48	\$	63.64	.265	\$	236.56	\$	16.87
HOSP INPATIENT TOTAL	25	74		17,500.08		236.49	.050		700.00		11.78
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	25	74		17,500.08		236.49	.050		700.00		11.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	83	320		7,575.40		23.67	.215		91.27		5.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		7.24		3.62	.001		7.24		.00
RADIOLOGY	1	1		17.25		17.25	.001		17.25		.01
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	81	317		7,550.91		23.82	.213		93.22		5.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,486 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	106	394	\$ 25,075.48	\$ 63.64	.265	\$ 236.56	\$ 16.87

COMM HOSP INPATIENT TOTAL	25	74	17,500.08	236.49	.050	700.00	11.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	74	17,500.08	236.49	.050	700.00	11.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	83	320	7,575.40	23.67	.215	91.27	5.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.24	3.62	.001	7.24	.00
RADIOLOGY	1	1	17.25	17.25	.001	17.25	.01
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	81	317		7,550.91	23.82	.213	93.22	5.08
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	18	452	\$	64,875.27	\$ 143.53	.304	\$ 3604.18	\$ 43.66
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	18	452		64,875.27	143.53	.304	3604.18	43.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	37	\$	17,975.68	\$ 485.83	.025	\$ 665.77	\$ 12.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	37		17,975.68	485.83	.025	665.77	12.10
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	12	\$	104.67	\$ 8.72	.008	\$ 17.45	\$.07
PATHOLOGY	2	8		69.05	8.63	.005	34.53	.05
XO AND OTHERS	4	4		35.62	8.91	.003	8.91	.02
@ORGANIZED OUTPATIENT CLINIC	214	422	\$	13,154.06	\$ 31.17	.284	\$ 61.47	\$ 8.85
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	4		226.63	56.66	.003	226.63	.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	213	418		12,927.43	30.93	.281	60.69	8.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,296
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL							

1,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	277	4,673	\$ 38,521.58	\$ 8.24	3.145	\$ 139.07	\$ 25.92
DURABLE MED. EQUIP.	12	19	902.75	47.51	.013	75.23	.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	18	4,700.95	261.16	.012	313.40	3.16
MEDICAL TRANSPORTATION	34	3,122	14,331.03	4.59	2.101	421.50	9.64
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	28	3,064	14,052.39	4.59	2.062	501.87	9.46
OTHER SERVICES	8	58	278.64	4.80	.039	34.83	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	34	114	9,348.93	82.01	.077	274.97	6.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	79	939.87	11.90	.053	27.64	.63
PHYSICAL THERAPIST	1	1	2.35	2.35	.001	2.35	.00
PORTABLE X-RAY	1	1	.50	.50	.001	.50	.00
PROSTHETIST/ORTHOTISTS	7	13	286.07	22.01	.009	40.87	.19
PROSTHETICS	7	13	286.07	22.01	.009	40.87	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	56.41	14.10	.003	18.80	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	174	1,302	7,952.72	6.11	.876	45.71	5.35
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	533	2,215	\$ 76,731.66	\$ 34.64	1.491	\$ 143.96	\$ 51.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	677	35,964	\$ 348,240.99	\$ 9.68	50.019	\$ 514.39	\$ 484.34
@PHYSICIANS SERVICES	168	633	\$ 6,162.20	\$ 9.73	.880	\$ 36.68	\$ 8.57
OUTPATIENT VISITS	1	1	68.90	68.90	.001	68.90	.10
OFFICE VISITS	1	1	68.90	68.90	.001	68.90	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	43.12	14.37	.004	14.37	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	166	629	6,050.18	9.62	.875	36.45	8.41
@PHARMACY	540	25,727	\$ 196,811.46	\$ 7.65	35.782	\$ 364.47	\$ 273.73
PRESCRIPTION DRUGS	530	2,680	186,864.58	69.73	3.727	352.57	259.90
SNF/ICF	16	157	6,532.46	41.61	.218	408.28	9.09
OUTPATIENTS	516	2,523	180,332.12	71.48	3.509	349.48	250.81
MEDICAL SUPPLIES	103	23,047	9,946.88	.43	32.054	96.57	13.83
@DENTIST	17	58	\$ 5,138.00	\$ 88.59	.081	\$ 302.24	\$ 7.15
VISITS - DIAGNOSTIC	12	34	579.00	17.03	.047	48.25	.81
ORAL SURGERY	1	1	45.00	45.00	.001	45.00	.06
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.16
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	7	436.00	62.29	.010	109.00	.61
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	15	3,960.00	264.00	.021	565.71	5.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,298
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						AID CODE 18
					----- MONTHLY AVERAGE -----		
719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	42	\$ 692.71	\$ 16.49	.058	\$ 43.29	\$.96
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	13	37	658.63	17.80	.051	50.66	.92
OTHER OPTOMETRIC SERVICES	3	5	34.08	6.82	.007	11.36	.05
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	18	\$ 115.37	\$ 6.41	.025	\$ 7.69	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	18	115.37	6.41	.025	7.69	.16
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	45	202	\$ 23,163.00	\$ 114.67	.281	\$ 514.73	\$ 32.22
HOSP INPATIENT TOTAL	26	73	20,416.15	279.67	.102	785.24	28.40
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	26	73	20,416.15	279.67	.102	785.24	28.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	129	2,746.85	21.29	.179	130.80	3.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	21	129	2,746.85	21.29	.179	130.80	3.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,299
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

719 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	202	\$ 23,163.00	\$ 114.67	.281	\$ 514.73	\$ 32.22
COMM HOSP INPATIENT TOTAL	26	73	20,416.15	279.67	.102	785.24	28.40
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	26	73	20,416.15	279.67	.102	785.24	28.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	129	2,746.85	21.29	.179	130.80	3.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	21	129	2,746.85	21.29	.179	130.80	3.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	205	\$ 43,806.46	\$ 213.69	.285	\$ 1825.27	\$ 60.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	24	205	43,806.46	213.69	.285	1825.27	60.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	13	\$ 4,712.91	\$ 362.53	.018	\$ 673.27	\$ 6.55
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	13	4,712.91	362.53	.018	673.27	6.55
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	4	\$ 27.38	\$ 6.85	.006	\$ 9.13	\$.04
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	3	4	27.38	6.85	.006	9.13	.04
@ORGANIZED OUTPATIENT CLINIC	92	155	\$ 3,999.36	\$ 25.80	.216	\$ 43.47	\$ 5.56
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	4	532.17	133.04	.006	177.39	.74
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	89	151	3,467.19	22.96	.210	38.96	4.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,300
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

719 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	338	8,907	\$	63,612.14	\$ 7.14	12.388	\$ 188.20	\$ 88.47
DURABLE MED. EQUIP.	15	43		6,280.46	146.06	.060	418.70	8.73
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		1,249.50	1249.50	.001	1249.50	1.74
MEDICAL TRANSPORTATION	27	2,366		8,110.59	3.43	3.291	300.39	11.28
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	16	2,162		7,353.44	3.40	3.007	459.59	10.23
OTHER SERVICES	12	204		757.15	3.71	.284	63.10	1.05
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	93	553		33,464.46	60.51	.769	359.83	46.54
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	23	53		754.33	14.23	.074	32.80	1.05
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	4.20	1.40	.004	4.20	.01
PROSTHETICS	1	3	4.20	1.40	.004	4.20	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	8.76	2.92	.004	8.76	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	236	5,885	13,739.84	2.33	8.185	58.22	19.11
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	365	1,693	69,268.04	\$ 40.91	2.355	\$ 189.78	\$ 96.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,301
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31	1,751	\$ 28,302.60	\$ 16.16	47.324	\$ 912.99	\$ 764.94
@PHYSICIANS SERVICES	7	14	\$ 120.63	\$ 8.62	.378	\$ 17.23	\$ 3.26
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	14	120.63	8.62	.378	17.23	3.26
@PHARMACY	22	142	\$ 13,044.47	\$ 91.86	3.838	\$ 592.93	\$ 352.55
PRESCRIPTION DRUGS	22	140	13,009.69	92.93	3.784	591.35	351.61
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	22	140	13,009.69	92.93	3.784	591.35	351.61
MEDICAL SUPPLIES	1	2	34.78	17.39	.054	34.78	.94
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,302 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	21	\$ 1,736.05	\$ 82.67	.568	\$ 434.01	\$ 46.92
HOSP INPATIENT TOTAL	2	11	1,652.00	150.18	.297	826.00	44.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	11	1,652.00	150.18	.297	826.00	44.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	10	84.05	8.41	.270	42.03	2.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	84.05	8.41	.270	42.03	2.27
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,303
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	21	\$ 1,736.05	\$ 82.67	.568	\$ 434.01	\$ 46.92
COMM HOSP INPATIENT TOTAL	2	11	1,652.00	150.18	.297	826.00	44.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	11	1,652.00	150.18	.297	826.00	44.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	10	84.05	8.41	.270	42.03	2.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	84.05	8.41	.270	42.03	2.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	8	\$ 2,926.62	\$ 365.83	.216	\$ 975.54	\$ 79.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	8	2,926.62	365.83	.216	975.54	79.10
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	4	4	\$	84.32	\$	21.08	.108	\$	21.08	\$	2.28
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		84.32		21.08	.108		21.08		2.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,304
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	1,562	\$ 10,390.51	\$ 6.65	42.216	\$ 415.62	\$ 280.82
DURABLE MED. EQUIP.	1	1	79.50	79.50	.027	79.50	2.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	1,490	6,805.38	4.57	40.270	486.10	183.93
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	12	1,435	6,803.20	4.74	38.784	566.93	183.87
OTHER SERVICES	2	55	2.18	.04	1.486	1.09	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	35	3,161.21	90.32	.946	451.60	85.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	83.05	16.61	.135	83.05	2.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	31	261.37	8.43	.838	29.04	7.06
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	20	118	\$ 5,046.85	\$ 42.77	3.189	\$ 252.34	\$ 136.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,305
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	261	36,782	\$ 289,901.76	\$ 7.88	135.727	\$ 1110.73	\$ 1069.75
@PHYSICIANS SERVICES	52	171	\$ 3,270.08	\$ 19.12	.631	\$ 62.89	\$ 12.07
OUTPATIENT VISITS	10	17	594.80	34.99	.063	59.48	2.19
OFFICE VISITS	10	17	594.80	34.99	.063	59.48	2.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	13.70	13.70	.004	13.70	.05

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.004	13.70	.05
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	761.49	54.39	.052	380.75	2.81
PRINCIPAL SURGEON	1	1	327.12	327.12	.004	327.12	1.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	434.37	33.41	.048	434.37	1.60
OUTPATIENT SURGERY	2	3	274.02	91.34	.011	137.01	1.01
PRINCIPAL SURGEON	2	3	274.02	91.34	.011	137.01	1.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	1	1		284.00	284.00	.004	284.00	1.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	46	135		1,342.07	9.94	.498	29.18	4.95
@PHARMACY	208	11,398	\$	234,296.62	\$ 20.56	42.059	\$ 1126.43	\$ 864.56
PRESCRIPTION DRUGS	205	1,334		226,558.51	169.83	4.923	1105.16	836.01
SNF/ICF	2	7		447.99	64.00	.026	224.00	1.65
OUTPATIENTS	203	1,327		226,110.52	170.39	4.897	1113.84	834.36
MEDICAL SUPPLIES	50	10,064		7,738.11	.77	37.137	154.76	28.55
@DENTIST	14	38	\$	4,051.60	\$ 106.62	.140	\$ 289.40	\$ 14.95
VISITS - DIAGNOSTIC	5	11		235.00	21.36	.041	47.00	.87
ORAL SURGERY	1	1		85.00	85.00	.004	85.00	.31
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		400.00	200.00	.007	200.00	1.48
ENDODONTICS	2	2		660.00	330.00	.007	330.00	2.44
RESTORATIVE DENTISTRY	7	19		1,900.00	100.00	.070	271.43	7.01
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		325.00	108.33	.011	162.50	1.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		446.60	.00	.000	.00	1.65
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,306
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68							

----- MONTHLY AVERAGE -----								
271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	12	26	\$ 753.96	\$ 29.00	.096	\$ 62.83	\$ 2.78	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.007	47.45	.35	
EYE APPLIANCES	5	14	244.24	17.45	.052	48.85	.90	
OTHER OPTOMETRIC SERVICES	6	10	414.82	41.48	.037	69.14	1.53	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$ 50.33	\$ 25.17	.007	\$ 25.17	\$.19	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	2	2	50.33	25.17	.007	25.17	.19	
@HOME HEALTH AGENCY	4	12	\$ 363.72	\$ 30.31	.044	\$ 90.93	\$ 1.34	
NURSE ANESTHESIST	1	6	\$ 20.93	\$ 3.49	.022	\$ 20.93	\$.08	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	19	77	\$ 5,382.26	\$ 69.90	.284	\$ 283.28	\$ 19.86	
HOSP INPATIENT TOTAL	4	17	3,622.00	213.06	.063	905.50	13.37	
HSC HOSPITALS	1	1	1,158.00	1158.00	.004	1158.00	4.27	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	3	16	2,464.00	154.00	.059	821.33	9.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	15	60	1,760.26	29.34	.221	117.35	6.50	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	49.31	24.66	.007	24.66	.18
RADIOLOGY	1	1	238.40	238.40	.004	238.40	.88
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	57	1,472.55	25.83	.210	113.27	5.43
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,307
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	77	\$ 5,382.26	\$ 69.90	.284	\$ 283.28	\$ 19.86
COMM HOSP INPATIENT TOTAL	4	17	3,622.00	213.06	.063	905.50	13.37
HSC HOSPITALS	1	1	1,158.00	1158.00	.004	1158.00	4.27
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	16	2,464.00	154.00	.059	821.33	9.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	60	1,760.26	29.34	.221	117.35	6.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	49.31	24.66	.007	24.66	.18
RADIOLOGY	1	1	238.40	238.40	.004	238.40	.88
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	57	1,472.55	25.83	.210	113.27	5.43
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	25	\$ 3,072.64	\$ 122.91	.092	\$ 1024.21	\$ 11.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	25	3,072.64	122.91	.092	1024.21	11.34
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	84.58	\$	84.58	.004	\$ 84.58	\$.31
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		84.58		84.58	.004	84.58	.31
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	50	\$	440.73	\$	8.81	.185	\$ 110.18	\$ 1.63
PATHOLOGY	4	50		440.73		8.81	.185	110.18	1.63
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	92	170	\$	7,735.35	\$	45.50	.627	\$ 84.08	\$ 28.54
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	2	5		476.25		95.25	.018	238.13	1.76
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	90	165		7,259.10		43.99	.609	80.66	26.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 18,308
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	125	24,806	\$ 30,378.96	\$ 1.22	91.535	\$ 243.03	\$ 112.10
DURABLE MED. EQUIP.	5	22	2,137.59	97.16	.081	427.52	7.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	1,295	2,561.77	1.98	4.779	213.48	9.45
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	12	1,257	2,484.30	1.98	4.638	207.03	9.17
OTHER SERVICES	1	38	77.47	2.04	.140	77.47	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	45	3,840.55	85.35	.166	480.07	14.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	15	182.03	12.14	.055	26.00	.67
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	125	14,093.41	112.75	.461	4697.80	52.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	107	23,304	7,563.61	.32	85.993	70.69	27.91
@CALIF. CHILDREN SERVICES*	2	15	\$ 1,875.50	\$ 125.03	.055	\$ 937.75	\$ 6.92
@XOVER EXCLUDING STATE HOSP**	140	6,682	\$ 13,748.01	\$ 2.06	24.657	\$ 98.20	\$ 50.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 18,309
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL								

1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	969	74,497	\$	666,445.35	\$	8.95	72.538	\$	687.77	\$	648.92
@PHYSICIANS SERVICES	227	818	\$	9,552.91	\$	11.68	.796	\$	42.08	\$	9.30
OUTPATIENT VISITS	11	18		663.70		36.87	.018		60.34		.65
OFFICE VISITS	11	18		663.70		36.87	.018		60.34		.65
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		13.70		13.70	.001		13.70		.01
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	1	1		13.70		13.70	.001		13.70		.01
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	14		761.49		54.39	.014		380.75		.74
PRINCIPAL SURGEON	1	1		327.12		327.12	.001		327.12		.32
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	13		434.37		33.41	.013		434.37		.42
OUTPATIENT SURGERY	2	3		274.02		91.34	.003		137.01		.27
PRINCIPAL SURGEON	2	3		274.02		91.34	.003		137.01		.27
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	4	4		327.12		81.78	.004		81.78		.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	219	778		7,512.88		9.66	.758		34.31		7.32
@PHARMACY	770	37,267	\$	444,152.55	\$	11.92	36.287	\$	576.82	\$	432.48
PRESCRIPTION DRUGS	757	4,154		426,432.78		102.66	4.045		563.32		415.22
SNF/ICF	18	164		6,980.45		42.56	.160		387.80		6.80
OUTPATIENTS	741	3,990		419,452.33		105.13	3.885		566.06		408.42
MEDICAL SUPPLIES	154	33,113		17,719.77		.54	32.242		115.06		17.25
@DENTIST	31	96	\$	9,189.60	\$	95.73	.093	\$	296.44	\$	8.95
VISITS - DIAGNOSTIC	17	45		814.00		18.09	.044		47.88		.79
ORAL SURGERY	2	2		130.00		65.00	.002		65.00		.13
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		518.00		172.67	.003		172.67		.50
ENDODONTICS	2	2		660.00		330.00	.002		330.00		.64
RESTORATIVE DENTISTRY	11	26		2,336.00		89.85	.025		212.36		2.27
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	18		4,285.00		238.06	.018		476.11		4.17
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		446.60		.00	.000		.00		.43
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,310
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	28	68	\$	1,446.67	\$ 21.27	.066	\$ 51.67
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.002	47.45
EYE APPLIANCES	18	51		902.87	17.70	.050	50.16
OTHER OPTOMETRIC SERVICES	9	15		448.90	29.93	.015	49.88

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	18	20	\$	165.70	\$	8.29	.019	\$	9.21	\$	.16
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	18	20		165.70		8.29	.019		9.21		.16
@HOME HEALTH AGENCY	4	12	\$	363.72	\$	30.31	.012	\$	90.93	\$	.35
NURSE ANESTHESIST	1	6	\$	20.93	\$	3.49	.006	\$	20.93	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	68	300	\$	30,281.31	\$	100.94	.292	\$	445.31	\$	29.49
HOSP INPATIENT TOTAL	32	101		25,690.15		254.36	.098		802.82		25.01
HSC HOSPITALS	1	1		1,158.00		1158.00	.001		1158.00		1.13

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	100	24,532.15	245.32	.097	791.36	23.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	38	199	4,591.16	23.07	.194	120.82	4.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	49.31	24.66	.002	24.66	.05
RADIOLOGY	1	1	238.40	238.40	.001	238.40	.23
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	196	4,303.45	21.96	.191	119.54	4.19
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,311
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

	1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68		300	\$ 30,281.31	\$ 100.94	.292	\$ 445.31	\$ 29.49
COMM HOSP INPATIENT TOTAL	32		101	25,690.15	254.36	.098	802.82	25.01
HSC HOSPITALS	1		1	1,158.00	1158.00	.001	1158.00	1.13
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31		100	24,532.15	245.32	.097	791.36	23.89
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38		199	4,591.16	23.07	.194	120.82	4.47
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	2		2	49.31	24.66	.002	24.66	.05
RADIOLOGY	1		1	238.40	238.40	.001	238.40	.23
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36		196	4,303.45	21.96	.191	119.54	4.19
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00

@NURSING FACILITY	27	230	\$	46,879.10	\$	203.82	.224	\$	1736.26	\$	45.65
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	27	230		46,879.10		203.82	.224		1736.26		45.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	22	\$	7,724.11	\$	351.10	.021	\$	702.19	\$	7.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	22		7,724.11		351.10	.021		702.19		7.52
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	54	\$	468.11	\$	8.67	.053	\$	66.87	\$	.46
PATHOLOGY	4	50		440.73		8.81	.049		110.18		.43
XO AND OTHERS	3	4		27.38		6.85	.004		9.13		.03
@ORGANIZED OUTPATIENT CLINIC	188	329	\$	11,819.03	\$	35.92	.320	\$	62.87	\$	11.51
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	5	9		1,008.42		112.05	.009		201.68		.98
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	183	320		10,810.61		33.78	.312		59.07		10.53
#CALIF DEPT OF HEALTH SERV											
MOP024											
YUBA COUNTY											

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	488	35,275	\$	104,381.61	\$ 2.96	34.348	\$ 213.90	\$ 101.64
DURABLE MED. EQUIP.	21	66		8,497.55	128.75	.064	404.65	8.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		1,249.50	1249.50	.001	1249.50	1.22
MEDICAL TRANSPORTATION	53	5,151		17,477.74	3.39	5.016	329.77	17.02
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	40	4,854		16,640.94	3.43	4.726	416.02	16.20
OTHER SERVICES	15	297		836.80	2.82	.289	55.79	.81
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	108	633		40,466.22	63.93	.616	374.69	39.40
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	31	73		1,019.41	13.96	.071	32.88	.99
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3		4.20	1.40	.003	4.20	.00
PROSTHETICS	1	3		4.20	1.40	.003	4.20	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		8.76	2.92	.003	8.76	.01
HOSPICE SERVICES	3	125		14,093.41	112.75	.122	4697.80	13.72
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	352	29,220		21,564.82	.74	28.452	61.26	21.00
@CALIF. CHILDREN SERVICES*	2	15	\$	1,875.50	\$ 125.03	.015	\$ 937.75	\$ 1.83

@XOVER EXCLUDING STATE HOSP** 525 8,493 \$ 88,062.90 \$ 10.37 8.270 \$ 167.74 \$ 85.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

							----- MONTHLY AVERAGE -----		
7,753 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		COST PER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,192	161,671	\$ 2,899,385.84	\$ 17.93	20.853	\$ 468.25	\$	373.97	
@PHYSICIANS SERVICES	1,389	4,356	\$ 51,259.93	\$ 11.77	.562	\$ 36.90	\$	6.61	
OUTPATIENT VISITS	5	8	332.00	41.50	.001	66.40		.04	
OFFICE VISITS	5	8	332.00	41.50	.001	66.40		.04	
HOME VISITS	0	0	.00	.00	.000	.00		.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00	
CRITICAL CARE	0	0	.00	.00	.000	.00		.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00	
EXAMINATIONS	0	0	.00	.00	.000	.00		.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00	
OUTPATIENT SURGERY	3	11	675.51	61.41	.001	225.17		.09	
PRINCIPAL SURGEON	2	3	512.85	170.95	.000	256.43		.07	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00	
ANESTHESIOLOGIST	1	8	162.66	20.33	.001	162.66		.02	
DIALYSIS	0	0	.00	.00	.000	.00		.00	
PATHOLOGY	0	0	.00	.00	.000	.00		.00	
RADIOLOGY	23	81	323.80	4.00	.010	14.08		.04	
PSYCHIATRY	0	0	.00	.00	.000	.00		.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00	
OTHER SERVICES/ALL X-OVERS	1,367	4,256	49,928.62	11.73	.549	36.52		6.44	
@PHARMACY	5,265	80,213	\$ 1,667,095.29	\$ 20.78	10.346	\$ 316.64	\$	215.03	
PRESCRIPTION DRUGS	5,162	20,811	1,608,072.95	77.27	2.684	311.52		207.41	
SNF/ICF	79	506	21,082.36	41.66	.065	266.87		2.72	
OUTPATIENTS	5,095	20,305	1,586,990.59	78.16	2.619	311.48		204.69	
MEDICAL SUPPLIES	721	59,402	59,022.34	.99	7.662	81.86		7.61	
@DENTIST	244	852	\$ 53,014.90	\$ 62.22	.110	\$ 217.27	\$	6.84	
VISITS - DIAGNOSTIC	140	443	5,761.90	13.01	.057	41.16		.74	
ORAL SURGERY	32	101	4,696.00	46.50	.013	146.75		.61	
DRUGS	0	0	.00	.00	.000	.00		.00	
ANESTHESIA	1	1	100.00	100.00	.000	100.00		.01	
PERIODONTICS	11	11	1,664.00	151.27	.001	151.27		.21	
ENDODONTICS	7	9	1,825.00	202.78	.001	260.71		.24	
RESTORATIVE DENTISTRY	68	148	13,580.00	91.76	.019	199.71		1.75	
PROSTHETICS	1	1	30.00	30.00	.000	30.00		.00	
DENTURES, STAYPLATES	66	135	25,358.00	187.84	.017	384.21		3.27	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00	
ALL OTHER SERVICES	2	3	.00	.00	.000	.00		.00	

7,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	173	460	\$ 8,190.14	\$ 17.80	.059	\$	47.34	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	18	18	677.54	37.64	.002		37.64	.09
EYE APPLIANCES	137	381	6,538.98	17.16	.049		47.73	.84
OTHER OPTOMETRIC SERVICES	35	61	973.62	15.96	.008		27.82	.13
@CHIROPRACTOR	8	18	\$ 199.80	\$ 11.10	.002	\$	24.98	\$.03
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	8	18	199.80	11.10	.002		24.98	.03
@PODIATRIST	98	120	\$ 1,345.95	\$ 11.22	.015	\$	13.73	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	98	120	1,345.95	11.22	.015		13.73	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	3	61	\$ 133.52	\$ 2.19	.008	\$	44.51	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	1	5	\$ 99.03	\$ 19.81	.001	\$	99.03	\$.01
@TOTAL HOSPITAL	463	1,999	\$ 406,355.14	\$ 203.28	.258	\$	877.66	\$ 52.41
HOSP INPATIENT TOTAL	177	715	376,464.49	526.52	.092		2126.92	48.56
HSC HOSPITALS	3	12	11,053.37	921.11	.002		3684.46	1.43
NON-HSC HOSPITAL TOTAL	23	116	244,419.13	2107.06	.015		10626.92	31.53
ACCOMMODATIONS	23	116	46,918.03	404.47	.015		2039.91	6.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	23	116	46,918.03	404.47	.015		2039.91	6.05
ANCILLARIES	23	0	197,501.10	.00	.000		8587.00	25.47
INPATIENT CROSSOVERS	151	587	120,991.99	206.12	.076		801.27	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	310	1,284	29,890.65	23.28	.166		96.42	3.86
MEDICAL	3	3	139.95	46.65	.000		46.65	.02
SURGERY	1	1	90.75	90.75	.000		90.75	.01
PATHOLOGY	2	10	106.82	10.68	.001		53.41	.01
RADIOLOGY	2	2	132.98	66.49	.000		66.49	.02
ROOM USE	2	5	314.65	62.93	.001		157.33	.04
CROSSOVERS/ALL OTH OUTPTNT	306	1,263	29,105.50	23.04	.163		95.12	3.75
@COUNTY HOSPITAL TOTAL	2	9	\$ 21.87	\$ 2.43	.001	\$	10.94	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	21.87	2.43	.001		10.94	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	9	21.87	2.43	.001		10.94	.00

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FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

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7,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	461	1,990	\$ 406,333.27	\$ 204.19	.257	\$ 881.42	\$ 52.41
COMM HOSP INPATIENT TOTAL	177	715	376,464.49	526.52	.092	2126.92	48.56
HSC HOSPITALS	3	12	11,053.37	921.11	.002	3684.46	1.43
NON-HSC HOSPITALS TOTAL	23	116	244,419.13	2107.06	.015	10626.92	31.53
ACCOMMODATIONS	23	116	46,918.03	404.47	.015	2039.91	6.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	116	46,918.03	404.47	.015	2039.91	6.05
ANCILLARIES	23	0	197,501.10	.00	.000	8587.00	25.47
INPATIENT CROSSOVERS	151	587	120,991.99	206.12	.076	801.27	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	308	1,275		29,868.78	23.43	.164	96.98	3.85
MEDICAL	3	3		139.95	46.65	.000	46.65	.02
SURGERY	1	1		90.75	90.75	.000	90.75	.01
PATHOLOGY	2	10		106.82	10.68	.001	53.41	.01
RADIOLOGY	2	2		132.98	66.49	.000	66.49	.02
ROOM USE	2	5		314.65	62.93	.001	157.33	.04
CROSSOVERS/ALL OTH OUTPTNT	304	1,254		29,083.63	23.19	.162	95.67	3.75
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	120	1,828	\$	310,873.96	170.06	.236	2590.62	40.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	120	1,828		310,873.96	170.06	.236	2590.62	40.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	71	110	\$	49,963.78	454.22	.014	703.72	6.44
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	71	110		49,963.78	454.22	.014	703.72	6.44
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	37	\$	451.24	12.20	.005	21.49	.06
PATHOLOGY	6	21		245.98	11.71	.003	41.00	.03
XO AND OTHERS	15	16		205.26	12.83	.002	13.68	.03
@ORGANIZED OUTPATIENT CLINIC	1,030	1,851	\$	58,749.00	31.74	.239	57.04	7.58
CLINIC	2	25		503.98	20.16	.003	251.99	.07
SURGICENTER	11	15		1,969.00	131.27	.002	179.00	.25
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,017	1,811		56,276.02	31.07	.234	55.34	7.26
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				----- MONTHLY AVERAGE -----			
7,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,717	69,761	\$ 291,654.16	\$ 4.18	8.998	\$ 169.86	\$ 37.62
DURABLE MED. EQUIP.	60	102	9,120.66	89.42	.013	152.01	1.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	60	15,399.25	256.65	.008	327.64	1.99
MEDICAL TRANSPORTATION	131	11,859	43,266.50	3.65	1.530	330.28	5.58
AMBULANCES/AIR TRANS	7	89	970.73	10.91	.011	138.68	.13
OTHER TRANS	86	11,217	40,255.37	3.59	1.447	468.09	5.19
OTHER SERVICES	43	553	2,040.40	3.69	.071	47.45	.26
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	8	194	13,363.18	68.88	.025	1670.40	1.72
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	343	1,889	124,475.63	65.89	.244	362.90	16.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	164	366	4,956.42	13.54	.047	30.22	.64
PHYSICAL THERAPIST	3	7	7.35	1.05	.001	2.45	.00
PORTABLE X-RAY	2	4	4.03	1.01	.001	2.02	.00
PROSTHETIST/ORTHOTISTS	18	34	713.50	20.99	.004	39.64	.09
PROSTHETICS	18	34	713.50	20.99	.004	39.64	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	45	2,751.41	61.14	.006	101.90	.35
HOSPICE SERVICES	5	143	15,776.11	110.32	.018	3155.22	2.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	20	249.48	12.47	.003	49.90	.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,156	55,036	61,527.39	1.12	7.099	53.22	7.94
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,669	15,483	\$ 421,385.94	\$ 27.22	1.997	\$ 157.88	\$ 54.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	579	20,544	\$ 544,915.68	\$ 26.52	26.271	\$ 941.13	\$ 696.82
@PHYSICIANS SERVICES	200	878	\$ 27,235.91	\$ 31.02	1.123	\$ 136.18	\$ 34.83
OUTPATIENT VISITS	66	94	3,242.78	34.50	.120	49.13	4.15
OFFICE VISITS	62	90	3,135.44	34.84	.115	50.57	4.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	107.34	26.84	.005	26.84	.14
INPATIENT VISITS	12	46	2,463.60	53.56	.059	205.30	3.15
HOSPITAL VISITS	11	43	2,098.80	48.81	.055	190.80	2.68
CRITICAL CARE	2	3	364.80	121.60	.004	182.40	.47
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	22	24	1,017.93	42.41	.031	46.27	1.30
EXAMINATIONS	21	23	997.93	43.39	.029	47.52	1.28
SERVICES AND MATERIALS	1	1	20.00	20.00	.001	20.00	.03
INPATIENT HOSPITAL SURGERY	5	7	2,610.77	372.97	.009	522.15	3.34
PRINCIPAL SURGEON	5	7	2,610.77	372.97	.009	522.15	3.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	15	58	4,801.91	82.79	.074	320.13	6.14
PRINCIPAL SURGEON	12	19	3,566.51	187.71	.024	297.21	4.56
ASSISTANT SURGEON	1	1	244.60	244.60	.001	244.60	.31
ANESTHESIOLOGIST	7	38	990.80	26.07	.049	141.54	1.27
DIALYSIS	18	46	3,840.24	83.48	.059	213.35	4.91
PATHOLOGY	9	11	114.22	10.38	.014	12.69	.15
RADIOLOGY	45	97	1,951.28	20.12	.124	43.36	2.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8	153.50	19.19	.010	38.38	.20
OTHER SERVICES/ALL X-OVERS	111	487	7,039.68	14.46	.623	63.42	9.00
@PHARMACY	481	5,176	\$ 185,274.68	\$ 35.79	6.619	\$ 385.19	\$ 236.92
PRESCRIPTION DRUGS	474	2,033	167,975.71	82.62	2.600	354.38	214.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	474	2,033	167,975.71	82.62	2.600	354.38	214.80
MEDICAL SUPPLIES	104	3,143	17,298.97	5.50	4.019	166.34	22.12
@DENTIST	25	136	\$ 3,926.50	\$ 28.87	.174	\$ 157.06	\$ 5.02
VISITS - DIAGNOSTIC	15	83	925.50	11.15	.106	61.70	1.18
ORAL SURGERY	5	37	1,370.00	37.03	.047	274.00	1.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	3	4	800.00	200.00	.005	266.67	1.02
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	8	596.00	74.50	.010	85.14	.76
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	235.00	78.33	.004	78.33	.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

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YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	26	\$ 964.43	\$ 37.09	.033	\$ 87.68	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.12
EYE APPLIANCES	10	24	869.53	36.23	.031	86.95	1.11
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	9	\$ 150.48	\$ 16.72	.012	\$ 37.62	\$.19
VISITS	4	9	150.48	16.72	.012	37.62	.19
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	28	\$ 596.75	\$ 21.31	.036	\$ 42.63	\$.76
MEDICINE/INJECTIONS	8	20	435.80	21.79	.026	54.48	.56
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	8	160.95	20.12	.010	22.99	.21
@HOME HEALTH AGENCY	22	1,411	\$ 42,670.77	\$ 30.24	1.804	\$ 1939.58	\$ 54.57
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	13	35	\$ 405.57	\$ 11.59	.045	\$ 31.20	\$.52
@TOTAL HOSPITAL	110	474	\$ 153,791.66	\$ 324.45	.606	\$ 1398.11	\$ 196.66
HOSP INPATIENT TOTAL	24	87	142,589.36	1638.96	.111	5941.22	182.34
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	6.17
NON-HSC HOSPITAL TOTAL	18	61	133,621.36	2190.51	.078	7423.41	170.87
ACCOMMODATIONS	18	61	26,204.40	429.58	.078	1455.80	33.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.078	1455.80	33.51
ANCILLARIES	18	0	107,416.96	.00	.000	5967.61	137.36
INPATIENT CROSSOVERS	5	22	4,144.00	188.36	.028	828.80	5.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	387	11,202.30	28.95	.495	116.69	14.33
MEDICAL	31	41	2,444.16	59.61	.052	78.84	3.13
SURGERY	10	14	951.63	67.97	.018	95.16	1.22
PATHOLOGY	40	142	1,656.32	11.66	.182	41.41	2.12
RADIOLOGY	29	44	2,286.58	51.97	.056	78.85	2.92
ROOM USE	31	47	2,417.39	51.43	.060	77.98	3.09
CROSSOVERS/ALL OTH OUTPTNT	30	99	1,446.22	14.61	.127	48.21	1.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,319
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	474	\$ 153,791.66	\$ 324.45	.606	\$ 1398.11	\$ 196.66
COMM HOSP INPATIENT TOTAL	24	87	142,589.36	1638.96	.111	5941.22	182.34
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	6.17
NON-HSC HOSPITALS TOTAL	18	61	133,621.36	2190.51	.078	7423.41	170.87
ACCOMMODATIONS	18	61	26,204.40	429.58	.078	1455.80	33.51
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.078	1455.80	33.51
ANCILLARIES	18	0	107,416.96	.00	.000	5967.61	137.36
INPATIENT CROSSOVERS	5	22	4,144.00	188.36	.028	828.80	5.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	387	11,202.30	28.95	.495	116.69	14.33
MEDICAL	31	41	2,444.16	59.61	.052	78.84	3.13
SURGERY	10	14	951.63	67.97	.018	95.16	1.22
PATHOLOGY	40	142	1,656.32	11.66	.182	41.41	2.12
RADIOLOGY	29	44	2,286.58	51.97	.056	78.85	2.92
ROOM USE	31	47	2,417.39	51.43	.060	77.98	3.09
CROSSOVERS/ALL OTH OUTPTNT	30	99	1,446.22	14.61	.127	48.21	1.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	40	1,144	\$ 66,082.86	\$ 57.76	1.463	\$ 1652.07	\$ 84.50
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	40	1,144	66,082.86	57.76	1.463	1652.07	84.50
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	52	255	\$ 3,144.92	\$ 12.33	.326	\$ 60.48	\$ 4.02
PATHOLOGY	52	255	3,144.92	12.33	.326	60.48	4.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	169	275	\$ 18,185.58	\$ 66.13	.352	\$ 107.61	\$ 23.26
CLINIC	2	6	208.84	34.81	.008	104.42	.27
SURGICENTER	3	5	306.55	61.31	.006	102.18	.39
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 YUBA COUNTY

168 264 17,670.19 66.93 .338 105.18 22.60
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND
 PAGE 18,320
 01/29/04

782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	155	10,697	\$ 42,485.57	\$ 3.97	13.679	\$ 274.10	\$ 54.33
DURABLE MED. EQUIP.	16	61	4,854.57	79.58	.078	303.41	6.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	12	879.09	73.26	.015	175.82	1.12
MEDICAL TRANSPORTATION	58	5,136	22,238.31	4.33	6.568	383.42	28.44
AMBULANCES/AIR TRANS	24	111	2,722.07	24.52	.142	113.42	3.48
OTHER TRANS	28	4,937	19,285.55	3.91	6.313	688.77	24.66
OTHER SERVICES	7	88	230.69	2.62	.113	32.96	.30
ACUPUNCTURE	1	2	24.34	12.17	.003	24.34	.03

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	85	7,200.57	84.71	.109	327.30	9.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	36	478.77	13.30	.046	39.90	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	29	3,818.24	131.66	.037	636.37	4.88
PROSTHETICS	6	29	3,818.24	131.66	.037	636.37	4.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	189.65	31.61	.008	63.22	.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	153	572.21	3.74	.196	57.22	.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	5,177	2,229.82	.43	6.620	58.68	2.85
@CALIF. CHILDREN SERVICES*	12	344	\$ 17,192.88	\$ 49.98	.440	\$ 1432.74	\$ 21.99
@XOVER EXCLUDING STATE HOSP**	115	550	\$ 27,116.61	\$ 49.30	.703	\$ 235.80	\$ 34.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,321
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

						----- MONTHLY AVERAGE -----	
39,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,857	761,027	\$ 25,839,070.78	\$ 33.95	19.064	\$ 811.10	\$ 647.27
@PHYSICIANS SERVICES	9,049	34,628	\$ 1,247,174.13	\$ 36.02	.867	\$ 137.82	\$ 31.24
OUTPATIENT VISITS	3,517	4,683	164,835.06	35.20	.117	46.87	4.13
OFFICE VISITS	3,115	4,126	137,846.92	33.41	.103	44.25	3.45
HOME VISITS	15	21	1,310.50	62.40	.001	87.37	.03
EMERGENCY ROOM	184	233	14,366.30	61.66	.006	78.08	.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	13CR	2,217.30	170.56CR	.000	71.53	.06
OTHER OUTPATIENT	277	316	9,094.04	28.78	.008	32.83	.23
INPATIENT VISITS	512	2,767	161,222.22	58.27	.069	314.89	4.04
HOSPITAL VISITS	457	2,275	103,979.75	45.71	.057	227.53	2.60
CRITICAL CARE	74	393	53,864.07	137.06	.010	727.89	1.35
SNF/ICF/TRANS IP CARE	49	99	3,378.40	34.13	.002	68.95	.08
OPHTHALMOLOGICAL SERVICES	229	285	11,569.95	40.60	.007	50.52	.29
EXAMINATIONS	222	278	11,429.95	41.11	.007	51.49	.29
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	382	2,224	217,101.12	97.62	.056	568.33	5.44
PRINCIPAL SURGEON	289	465	169,600.45	364.73	.012	586.85	4.25
ASSISTANT SURGEON	35	35	7,462.10	213.20	.001	213.20	.19
ANESTHESIOLOGIST	150	1,724	40,038.57	23.22	.043	266.92	1.00
OUTPATIENT SURGERY	553	1,554	134,913.73	86.82	.039	243.97	3.38
PRINCIPAL SURGEON	441	573	110,827.25	193.42	.014	251.31	2.78
ASSISTANT SURGEON	15	16	1,976.38	123.52	.000	131.76	.05
ANESTHESIOLOGIST	150	965	22,110.10	22.91	.024	147.40	.55
DIALYSIS	79	229	22,546.11	98.45	.006	285.39	.56
PATHOLOGY	355	738	13,782.16	18.68	.018	38.82	.35
RADIOLOGY	2,767	5,638	219,662.45	38.96	.141	79.39	5.50
PSYCHIATRY	4	6	251.72	41.95	.000	62.93	.01
IMMUNIZATION AND INJECTION	186	1,321	19,789.60	14.98	.033	106.40	.50
OTHER SERVICES/ALL X-OVERS	4,210	15,183	281,500.01	18.54	.380	66.86	7.05

@PHARMACY	26,351	290,134	\$	12,371,488.56	\$	42.64	7.268	\$	469.49	\$	309.91
PRESCRIPTION DRUGS	26,075	116,469		11,961,479.88		102.70	2.918		458.73		299.64
SNF/ICF	174	1,554		87,397.06		56.24	.039		502.28		2.19
OUTPATIENTS	25,933	114,915		11,874,082.82		103.33	2.879		457.88		297.45
MEDICAL SUPPLIES	2,634	173,665		410,008.68		2.36	4.350		155.66		10.27
@DENTIST	1,939	8,163	\$	397,340.20	\$	48.68	.204	\$	204.92	\$	9.95
VISITS - DIAGNOSTIC	1,181	4,617		62,635.75		13.57	.116		53.04		1.57
ORAL SURGERY	301	899		43,565.25		48.46	.023		144.74		1.09
DRUGS	9	11		170.00		15.45	.000		18.89		.00
ANESTHESIA	12	12		1,200.00		100.00	.000		100.00		.03
PERIODONTICS	122	140		21,555.00		153.96	.004		176.68		.54
ENDODONTICS	133	201		40,113.00		199.57	.005		301.60		1.00
RESTORATIVE DENTISTRY	596	1,508		128,348.70		85.11	.038		215.35		3.22
PROSTHETICS	15	15		380.00		25.33	.000		25.33		.01
DENTURES, STAYPLATES	228	607		91,474.90		150.70	.015		401.21		2.29
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	7	7		1,302.60		186.09	.000		186.09		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	39	48		6,220.00		129.58	.001		159.49		.16
ALL OTHER SERVICES	30	98		375.00		3.83	.002		12.50		.01

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 18,322 01/29/04

	39,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,081	3,202	\$	67,344.11	\$ 21.03	.080	\$ 62.30	\$ 1.69
DIAGNOSTIC AND ANC. PROCED	507	546		23,452.96	42.95	.014	46.26	.59
EYE APPLIANCES	901	2,546		41,782.88	16.41	.064	46.37	1.05
OTHER OPTOMETRIC SERVICES	71	110		2,108.27	19.17	.003	29.69	.05
@CHIROPRACTOR	316	787	\$	12,873.52	\$ 16.36	.020	\$ 40.74	\$.32
VISITS	297	752		12,485.66	16.60	.019	42.04	.31
OTHER SERVICES	19	35		387.86	11.08	.001	20.41	.01
@PODIATRIST	218	349	\$	5,401.19	\$ 15.48	.009	\$ 24.78	\$.14
MEDICINE/INJECTIONS	47	53		1,375.64	25.96	.001	29.27	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	171	291		3,939.05	13.54	.007	23.04	.10
@HOME HEALTH AGENCY	178	1,652	\$	87,009.41	\$ 52.67	.041	\$ 488.82	\$ 2.18
NURSE ANESTHESIST	18	207	\$	1,582.93	\$ 7.65	.005	\$ 87.94	\$.04
NURSE MIDWIFE	2	4	\$	907.14	\$ 226.79	.000	\$ 453.57	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1,117	2,760	\$	40,286.07	\$ 14.60	.069	\$ 36.07	\$ 1.01
@TOTAL HOSPITAL	5,626	33,945	\$	7,606,399.94	\$ 224.08	.850	\$ 1352.01	\$ 190.54
HOSP INPATIENT TOTAL	761	4,614		6,660,562.09	1443.55	.116	8752.38	166.85
HSC HOSPITALS	106	1,055		1,415,111.90	1341.34	.026	13350.11	35.45
NON-HSC HOSPITAL TOTAL	459	2,730		5,087,157.14	1863.43	.068	11083.13	127.43
ACCOMMODATIONS	457	2,730		1,217,885.53	446.11	.068	2664.96	30.51
ADMINISTRATIVE DAYS	33	394		89,534.78	227.25	.010	2713.18	2.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	447	2,336		1,128,350.75	483.03	.059	2524.27	28.27
ANCILLARIES	459	0		3,869,271.61	.00	.000	8429.79	96.93
INPATIENT CROSSOVERS	207	829		158,293.05	190.94	.021	764.70	3.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,270	29,331		945,837.85	32.25	.735	179.48	23.69
MEDICAL	1,670	3,184		159,030.54	49.95	.080	95.23	3.98
SURGERY	417	498		23,935.33	48.06	.012	57.40	.60
PATHOLOGY	2,146	11,065		131,722.49	11.90	.277	61.38	3.30
RADIOLOGY	2,070	3,240		242,505.90	74.85	.081	117.15	6.07
ROOM USE	2,012	3,176		130,228.90	41.00	.080	64.73	3.26

CROSSOVERS/ALL OTH OUTPTNT	2,313	8,168		258,414.69	31.64	.205	111.72	6.47
@COUNTY HOSPITAL TOTAL	14	65	\$	16,975.85	\$ 261.17	.002	\$ 1212.56	\$.43
CO HOSPITAL INPATIENT TOTAL	4	13		14,940.00	1149.23	.000	3735.00	.37
HSC HOSPITALS	4	13		14,940.00	1149.23	.000	3735.00	.37
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	52		2,035.85	39.15	.001	185.08	.05
MEDICAL	3	4		158.42	39.61	.000	52.81	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	21		285.97	13.62	.001	35.75	.01
RADIOLOGY	6	8		1,118.84	139.86	.000	186.47	.03
ROOM USE	6	8		310.37	38.80	.000	51.73	.01
CROSSOVERS/ALL OTH OUTPTNT	6	11		162.25	14.75	.000	27.04	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	39,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,620	33,880	\$	7,589,424.09	\$ 224.01	.849	\$ 1350.43	\$ 190.12
COMM HOSP INPATIENT TOTAL	757	4,601		6,645,622.09	1444.39	.115	8778.89	166.47
HSC HOSPITALS	102	1,042		1,400,171.90	1343.74	.026	13727.18	35.07
NON-HSC HOSPITALS TOTAL	459	2,730		5,087,157.14	1863.43	.068	11083.13	127.43
ACCOMMODATIONS	457	2,730		1,217,885.53	446.11	.068	2664.96	30.51
ADMINISTRATIVE DAYS	33	394		89,534.78	227.25	.010	2713.18	2.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	447	2,336		1,128,350.75	483.03	.059	2524.27	28.27
ANCILLARIES	459	0		3,869,271.61	.00	.000	8429.79	96.93
INPATIENT CROSSOVERS	207	829		158,293.05	190.94	.021	764.70	3.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,265	29,279		943,802.00	32.23	.733	179.26	23.64
MEDICAL	1,667	3,180		158,872.12	49.96	.080	95.30	3.98
SURGERY	417	498		23,935.33	48.06	.012	57.40	.60
PATHOLOGY	2,141	11,044		131,436.52	11.90	.277	61.39	3.29
RADIOLOGY	2,066	3,232		241,387.06	74.69	.081	116.84	6.05
ROOM USE	2,009	3,168		129,918.53	41.01	.079	64.67	3.25
CROSSOVERS/ALL OTH OUTPTNT	2,311	8,157		258,252.44	31.66	.204	111.75	6.47
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	190	4,734	\$	729,219.43	\$ 154.04	.119	\$ 3838.00	\$ 18.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	254		146,430.13	576.50	.006	20918.59	3.67
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	185	4,480		582,789.30	130.09	.112	3150.21	14.60
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	66,718.35	\$ 182.79	.009	\$ 5559.86	\$ 1.67
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365		66,718.35	182.79	.009	5559.86	1.67
@HEMODIALYSIS TOTAL	208	8,722	\$	361,458.82	\$ 41.44	.218	\$ 1737.78	\$ 9.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	208	8,722		361,458.82	41.44	.218	1737.78	9.05

@REHABILITATION FACILITY	21	50	\$	2,053.93	\$	41.08	.001	\$	97.81	\$	.05
HOSPITAL BASED	17	46		1,941.87		42.21	.001		114.23		.05
INDEPENDENT FACILITY	4	4		112.06		28.02	.000		28.02		.00
@LABORATORY FACILITY	2,596	14,482	\$	168,010.04	\$	11.60	.363	\$	64.72	\$	4.21
PATHOLOGY	2,573	14,449		167,659.80		11.60	.362		65.16		4.20
XO AND OTHERS	23	33		350.24		10.61	.001		15.23		.01
@ORGANIZED OUTPATIENT CLINIC	10,018	19,137	\$	1,295,569.72	\$	67.70	.479	\$	129.32	\$	32.45
CLINIC	182	809		19,197.19		23.73	.020		105.48		.48
SURGICENTER	130	475		21,001.16		44.21	.012		161.55		.53
HEROIN DETOX CLINIC	8	105		1,245.64		11.86	.003		155.71		.03
RURAL HEALTH CLINIC	9,790	17,748		1,254,125.73		70.66	.445		128.10		31.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,324
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YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

39,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,533	337,706	\$ 1,378,233.29	\$ 4.08	8.460	\$ 210.96	\$ 34.52
DURABLE MED. EQUIP.	771	2,173	295,418.48	135.95	.054	383.16	7.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	101	122	18,599.93	152.46	.003	184.16	.47
MEDICAL TRANSPORTATION	1,169	28,810	244,232.10	8.48	.722	208.92	6.12
AMBULANCES/AIR TRANS	939	7,060	132,359.86	18.75	.177	140.96	3.32
OTHER TRANS	180	21,000	90,071.63	4.29	.526	500.40	2.26
OTHER SERVICES	86	750	21,800.61	29.07	.019	253.50	.55
ACUPUNCTURE	16	27	481.18	17.82	.001	30.07	.01
ADULT DAY HEALTH CARE CTR	3	17	1,179.41	69.38	.000	393.14	.03
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	325	10,846	397,028.12	36.61	.272	1221.62	9.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,007	2,275	27,129.95	11.93	.057	26.94	.68
PHYSICAL THERAPIST	50	255	3,823.19	14.99	.006	76.46	.10
PORTABLE X-RAY	11	25	469.21	18.77	.001	42.66	.01
PROSTHETIST/ORTHOTISTS	198	450	43,065.89	95.70	.011	217.50	1.08
PROSTHETICS	197	448	42,913.39	95.79	.011	217.83	1.07
ORTHOTICS	2	2	152.50	76.25	.000	76.25	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	224	721	27,762.52	38.51	.018	123.94	.70
HOSPICE SERVICES	13	351	41,818.49	119.14	.009	3216.81	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,073	25,589	104,892.48	4.10	.641	97.76	2.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,267	266,037	171,492.34	.64	6.664	75.65	4.30
@CALIF. CHILDREN SERVICES*	415	5,614	\$ 1,727,355.24	\$ 307.69	.141	\$ 4162.30	\$ 43.27
@XOVER EXCLUDING STATE HOSP**	4,942	46,028	\$ 699,996.71	\$ 15.21	1.153	\$ 141.64	\$ 17.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,325
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YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

71,899 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE		
			OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS	COST PER	COST PER
						PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35,051	166,845	\$	8,828,026.40	\$ 52.91	2.321	\$ 251.86	\$ 122.78
@PHYSICIANS SERVICES	6,477	18,428	\$	712,352.51	\$ 38.66	.256	\$ 109.98	\$ 9.91
OUTPATIENT VISITS	3,433	3,520		145,182.46	41.25	.049	42.29	2.02
OFFICE VISITS	2,912	2,956		106,668.00	36.09	.041	36.63	1.48

HOME VISITS	6	8	443.52	55.44	.000	73.92	.01
EMERGENCY ROOM	256	279	14,087.23	50.49	.004	55.03	.20
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	210	164	20,624.42	125.76	.002	98.21	.29
OTHER OUTPATIENT	104	112	3,304.46	29.50	.002	31.77	.05
INPATIENT VISITS	313	933	63,315.55	67.86	.013	202.29	.88
HOSPITAL VISITS	296	700	33,131.74	47.33	.010	111.93	.46
CRITICAL CARE	37	233	30,183.81	129.54	.003	815.78	.42
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	117	132	5,977.82	45.29	.002	51.09	.08
EXAMINATIONS	112	127	5,877.82	46.28	.002	52.48	.08
SERVICES AND MATERIALS	5	5	100.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	401	1,900	204,246.16	107.50	.026	509.34	2.84
PRINCIPAL SURGEON	230	276	158,582.21	574.57	.004	689.49	2.21
ASSISTANT SURGEON	49	49	8,182.01	166.98	.001	166.98	.11
ANESTHESIOLOGIST	198	1,575	37,481.94	23.80	.022	189.30	.52

OUTPATIENT SURGERY	498	1,594		90,523.14		56.79	.022	181.77	1.26
PRINCIPAL SURGEON	371	462		66,538.36		144.02	.006	179.35	.93
ASSISTANT SURGEON	6	6		457.15		76.19	.000	76.19	.01
ANESTHESIOLOGIST	181	1,126		23,527.63		20.89	.016	129.99	.33
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	342	435		4,703.75		10.81	.006	13.75	.07
RADIOLOGY	2,368	3,588		106,882.61		29.79	.050	45.14	1.49
PSYCHIATRY	1	1		73.29		73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	134	235		7,716.35		32.84	.003	57.58	.11
OTHER SERVICES/ALL X-OVERS	1,047	6,090		83,731.38		13.75	.085	79.97	1.16
@PHARMACY	17,418	43,837	\$	2,516,173.18	\$	57.40	.610	\$ 144.46	\$ 35.00
PRESCRIPTION DRUGS	17,345	42,192		1,977,279.38		46.86	.587	114.00	27.50
SNF/ICF	4	10		455.15		45.52	.000	113.79	.01
OUTPATIENTS	17,341	42,182		1,976,824.23		46.86	.587	114.00	27.49
MEDICAL SUPPLIES	322	1,645		538,893.80		327.60	.023	1673.58	7.50
@DENTIST	3,611	17,040	\$	579,019.68	\$	33.98	.237	\$ 160.35	\$ 8.05
VISITS - DIAGNOSTIC	2,510	10,841		165,648.38		15.28	.151	66.00	2.30
ORAL SURGERY	588	1,166		64,391.55		55.22	.016	109.51	.90
DRUGS	66	74		1,500.00		20.27	.001	22.73	.02
ANESTHESIA	41	41		3,800.00		92.68	.001	92.68	.05
PERIODONTICS	40	45		6,037.00		134.16	.001	150.93	.08
ENDODONTICS	290	703		81,745.00		116.28	.010	281.88	1.14
RESTORATIVE DENTISTRY	1,261	3,644		213,709.50		58.65	.051	169.48	2.97
PROSTHETICS	3	3		60.00		20.00	.000	20.00	.00
DENTURES, STAYPLATES	39	126		15,387.25		122.12	.002	394.54	.21
SPACE MAINTAINERS	31	45		4,699.00		104.42	.001	151.58	.07
MAXILLOFACIAL SERVICES	9	9		442.00		49.11	.000	49.11	.01
FRACTURES, DISLOCATIONS	1	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	196	238		20,550.00		86.34	.003	104.85	.29
ALL OTHER SERVICES	71	105		1,050.00		10.00	.001	14.79	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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71,899 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	857	2,295	\$ 52,928.66	\$ 23.06	.032	\$ 61.76	\$.74
DIAGNOSTIC AND ANC. PROCED	607	618	28,467.84	46.06	.009	46.90	.40
EYE APPLIANCES	592	1,673	24,350.41	14.55	.023	41.13	.34
OTHER OPTOMETRIC SERVICES	4	4	110.41	27.60	.000	27.60	.00
@CHIROPRACTOR	184	351	\$ 5,789.30	\$ 16.49	.005	\$ 31.46	\$.08
VISITS	184	351	5,789.30	16.49	.005	31.46	.08
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	22	\$ 1,390.77	\$ 63.22	.000	\$ 126.43	\$.02
MEDICINE/INJECTIONS	7	7	235.40	33.63	.000	33.63	.00
SURGERY/ANES.	1	3	716.86	238.95	.000	716.86	.01
RADIO./PATHOLOGY	4	7	121.10	17.30	.000	30.28	.00
OTHER	3	5	317.41	63.48	.000	105.80	.00
@HOME HEALTH AGENCY	175	259	\$ 13,704.02	\$ 52.91	.004	\$ 78.31	\$.19
NURSE ANESTHESIST	11	66	\$ 1,251.24	\$ 18.96	.001	\$ 113.75	\$.02
NURSE MIDWIFE	37	84	\$ 29,766.55	\$ 354.36	.001	\$ 804.50	\$.41
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1,309	3,099	\$ 49,249.76	\$ 15.89	.043	\$ 37.62	\$.68
@TOTAL HOSPITAL	5,282	23,629	\$ 2,766,212.64	\$ 117.07	.329	\$ 523.71	\$ 38.47
HOSP INPATIENT TOTAL	419	1,571	2,127,564.71	1354.27	.022	5077.72	29.59
HSC HOSPITALS	62	393	501,929.06	1277.17	.005	8095.63	6.98
NON-HSC HOSPITAL TOTAL	363	1,177	1,624,854.73	1380.51	.016	4476.18	22.60
ACCOMMODATIONS	362	1,177	450,256.80	382.55	.016	1243.80	6.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	362	1,177	450,256.80	382.55	.016	1243.80	6.26
ANCILLARIES	363	0	1,174,597.93	.00	.000	3235.81	16.34
INPATIENT CROSSOVERS	1	1	780.92	780.92	.000	780.92	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,092	22,058	638,647.93	28.95	.307	125.42	8.88
MEDICAL	1,790	2,404	114,143.95	47.48	.033	63.77	1.59
SURGERY	480	565	28,339.48	50.16	.008	59.04	.39
PATHOLOGY	1,866	7,019	89,163.12	12.70	.098	47.78	1.24
RADIOLOGY	2,141	2,888	143,297.31	49.62	.040	66.93	1.99
ROOM USE	3,009	4,044	162,365.30	40.15	.056	53.96	2.26
CROSSOVERS/ALL OTH OUTPTNT	1,882	5,138	101,338.77	19.72	.071	53.85	1.41
@COUNTY HOSPITAL TOTAL	14	88	\$ 4,010.98	\$ 45.58	.001	\$ 286.50	\$.06
CO HOSPITAL INPATIENT TOTAL	1	1	1,048.00	1048.00	.000	1048.00	.01
HSC HOSPITALS	1	1	1,048.00	1048.00	.000	1048.00	.01
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	87	2,962.98	34.06	.001	227.92	.04
MEDICAL	3	3	143.46	47.82	.000	47.82	.00
SURGERY	6	6	133.92	22.32	.000	22.32	.00
PATHOLOGY	6	33	633.89	19.21	.000	105.65	.01
RADIOLOGY	2	3	320.20	106.73	.000	160.10	.00
ROOM USE	10	18	763.25	42.40	.000	76.33	.01
CROSSOVERS/ALL OTH OUTPTNT	10	24	968.26	40.34	.000	96.83	.01
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YUBA COUNTY			SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES				

					----- MONTHLY AVERAGE -----			
71,899 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,270	23,541	\$ 2,762,201.66	\$ 117.34	.327	\$ 524.14	\$ 38.42	
COMM HOSP INPATIENT TOTAL	418	1,570	2,126,516.71	1354.47	.022	5087.36	29.58	
HSC HOSPITALS	61	392	500,881.06	1277.76	.005	8211.16	6.97	
NON-HSC HOSPITALS TOTAL	363	1,177	1,624,854.73	1380.51	.016	4476.18	22.60	
ACCOMMODATIONS	362	1,177	450,256.80	382.55	.016	1243.80	6.26	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	362	1,177	450,256.80	382.55	.016	1243.80	6.26	
ANCILLARIES	363	0	1,174,597.93	.00	.000	3235.81	16.34	
INPATIENT CROSSOVERS	1	1	780.92	780.92	.000	780.92	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,081	21,971	635,684.95	28.93	.306	125.11	8.84	
MEDICAL	1,787	2,401	114,000.49	47.48	.033	63.79	1.59	
SURGERY	474	559	28,205.56	50.46	.008	59.51	.39	
PATHOLOGY	1,861	6,986	88,529.23	12.67	.097	47.57	1.23	
RADIOLOGY	2,139	2,885	142,977.11	49.56	.040	66.84	1.99	
ROOM USE	3,000	4,026	161,602.05	40.14	.056	53.87	2.25	
CROSSOVERS/ALL OTH OUTPTNT	1,872	5,114	100,370.51	19.63	.071	53.62	1.40	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	13	\$	517.12	\$	.000	\$	103.42
HOSPITAL BASED	5	13		517.12		.000		103.42
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,244	8,721	\$	121,700.58	\$	.121	\$	54.23
PATHOLOGY	2,244	8,721		121,700.58		.121		54.23
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12,716	20,726	\$	1,637,576.12	\$	.288	\$	128.78
CLINIC	576	2,192		55,786.43		.030		96.85
SURGICENTER	59	343		11,614.85		.005		196.86
HEROIN DETOX CLINIC	4	56		631.27		.001		157.82
RURAL HEALTH CLINIC	12,199	18,135		1,569,543.57		.252		128.66
#CALIF DEPT OF HEALTH SERV								21.83
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
71,899 ELIGIBLES							
@ALL OTHER PROVIDERS	5,798	28,275	\$ 340,394.27	\$ 12.04	.393	\$ 58.71	\$ 4.73
DURABLE MED. EQUIP.	219	296	22,378.95	75.60	.004	102.19	.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,117.40	558.70	.000	558.70	.02
MEDICAL TRANSPORTATION	506	4,161	74,210.58	17.83	.058	146.66	1.03
AMBULANCES/AIR TRANS	504	4,152	61,584.29	14.83	.058	122.19	.86
OTHER TRANS	1	1	26.29	26.29	.000	26.29	.00
OTHER SERVICES	8	8	12,600.00	1575.00	.000	1575.00	.18
ACUPUNCTURE	22	49	808.29	16.50	.001	36.74	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	59	6,145.00	104.15	.001	104.15	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	675	1,490	13,956.53	9.37	.021	20.68	.19
PHYSICAL THERAPIST	21	96	1,506.25	15.69	.001	71.73	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	86	125	10,055.40	80.44	.002	116.92	.14
PROSTHETICS	82	121	9,700.64	80.17	.002	118.30	.13
ORTHOTICS	4	4	354.76	88.69	.000	88.69	.00
PSYCHOLOGIST	2	6	284.87	47.48	.000	142.44	.00
SPEECH AND AUDIOLOGY	107	216	12,303.28	56.96	.003	114.98	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,195	20,424	196,330.56	9.61	.284	46.80	2.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	1,351	1,297.16	.96	.019	64.86	.02
@CALIF. CHILDREN SERVICES*	151	1,251	\$ 564,602.81	\$ 451.32	.017	\$ 3739.09	\$ 7.85
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 944.74	\$ 134.96	.000	\$ 188.95	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

120,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	73,679	1,110,087	\$ 38,111,398.70	\$ 34.33	9.224	\$	517.26	\$ 316.66
@PHYSICIANS SERVICES	17,115	58,290	\$ 2,038,022.48	\$ 34.96	.484	\$	119.08	\$ 16.93
OUTPATIENT VISITS	7,021	8,305	313,592.30	37.76	.069		44.66	2.61
OFFICE VISITS	6,094	7,180	247,982.36	34.54	.060		40.69	2.06
HOME VISITS	21	29	1,754.02	60.48	.000		83.52	.01
EMERGENCY ROOM	440	512	28,453.53	55.57	.004		64.67	.24
PREVENTIVE CARE	1	1	54.83	54.83	.000		54.83	.00
OB VISITS/COMPRE PERI	241	151	22,841.72	151.27	.001		94.78	.19
OTHER OUTPATIENT	385	432	12,505.84	28.95	.004		32.48	.10
INPATIENT VISITS	837	3,746	227,001.37	60.60	.031		271.21	1.89
HOSPITAL VISITS	764	3,018	139,210.29	46.13	.025		182.21	1.16
CRITICAL CARE	113	629	84,412.68	134.20	.005		747.01	.70
SNF/ICF/TRANS IP CARE	49	99	3,378.40	34.13	.001		68.95	.03
OPHTHALMOLOGICAL SERVICES	368	441	18,565.70	42.10	.004		50.45	.15
EXAMINATIONS	355	428	18,305.70	42.77	.004		51.57	.15
SERVICES AND MATERIALS	13	13	260.00	20.00	.000		20.00	.00
INPATIENT HOSPITAL SURGERY	788	4,131	423,958.05	102.63	.034		538.02	3.52
PRINCIPAL SURGEON	524	748	330,793.43	442.24	.006		631.29	2.75
ASSISTANT SURGEON	84	84	15,644.11	186.24	.001		186.24	.13
ANESTHESIOLOGIST	348	3,299	77,520.51	23.50	.027		222.76	.64
OUTPATIENT SURGERY	1,069	3,217	230,914.29	71.78	.027		216.01	1.92
PRINCIPAL SURGEON	826	1,057	181,444.97	171.66	.009		219.67	1.51
ASSISTANT SURGEON	22	23	2,678.13	116.44	.000		121.73	.02
ANESTHESIOLOGIST	339	2,137	46,791.19	21.90	.018		138.03	.39
DIALYSIS	97	275	26,386.35	95.95	.002		272.02	.22
PATHOLOGY	706	1,184	18,600.13	15.71	.010		26.35	.15
RADIOLOGY	5,203	9,404	328,820.14	34.97	.078		63.20	2.73
PSYCHIATRY	5	7	325.01	46.43	.000		65.00	.00
IMMUNIZATION AND INJECTION	324	1,564	27,659.45	17.69	.013		85.37	.23
OTHER SERVICES/ALL X-OVERS	6,735	26,016	422,199.69	16.23	.216		62.69	3.51
@PHARMACY	49,515	419,360	\$ 16,740,031.71	\$ 39.92	3.484	\$	338.08	\$ 139.09
PRESCRIPTION DRUGS	49,056	181,505	15,714,807.92	86.58	1.508		320.34	130.57
SNF/ICF	257	2,070	108,934.57	52.63	.017		423.87	.91
OUTPATIENTS	48,843	179,435	15,605,873.35	86.97	1.491		319.51	129.67
MEDICAL SUPPLIES	3,781	237,855	1,025,223.79	4.31	1.976		271.15	8.52
@DENTIST	5,819	26,191	\$ 1,033,301.28	\$ 39.45	.218	\$	177.57	\$ 8.59
VISITS - DIAGNOSTIC	3,846	15,984	234,971.53	14.70	.133		61.10	1.95
ORAL SURGERY	926	2,203	114,022.80	51.76	.018		123.13	.95
DRUGS	75	85	1,670.00	19.65	.001		22.27	.01
ANESTHESIA	54	54	5,100.00	94.44	.000		94.44	.04
PERIODONTICS	176	200	30,056.00	150.28	.002		170.77	.25
ENDODONTICS	430	913	123,683.00	135.47	.008		287.63	1.03
RESTORATIVE DENTISTRY	1,932	5,308	356,234.20	67.11	.044		184.39	2.96
PROSTHETICS	19	19	470.00	24.74	.000		24.74	.00
DENTURES, STAYPLATES	336	871	132,455.15	152.07	.007		394.21	1.10
SPACE MAINTAINERS	31	45	4,699.00	104.42	.000		151.58	.04
MAXILLOFACIAL SERVICES	16	16	1,744.60	109.04	.000		109.04	.01
FRACTURES, DISLOCATIONS	1	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	235	286	26,770.00	93.60	.002		113.91	.22
ALL OTHER SERVICES	104	207	1,425.00	6.88	.002		13.70	.01

120,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,122	5,983	\$	129,427.34	\$ 21.63	.050	\$ 60.99	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	1,134	1,184		52,693.24	44.50	.010	46.47	.44
EYE APPLIANCES	1,640	4,624		73,541.80	15.90	.038	44.84	.61
OTHER OPTOMETRIC SERVICES	110	175		3,192.30	18.24	.001	29.02	.03
@CHIROPRACTOR	512	1,165	\$	19,013.10	\$ 16.32	.010	\$ 37.13	\$.16
VISITS	485	1,112		18,425.44	16.57	.009	37.99	.15
OTHER SERVICES	27	53		587.66	11.09	.000	21.77	.00
@PODIATRIST	341	519	\$	8,734.66	\$ 16.83	.004	\$ 25.61	\$.07
MEDICINE/INJECTIONS	62	80		2,046.84	25.59	.001	33.01	.02
SURGERY/ANES.	1	3		716.86	238.95	.000	716.86	.01
RADIO./PATHOLOGY	7	12		207.60	17.30	.000	29.66	.00
OTHER	279	424		5,763.36	13.59	.004	20.66	.05
@HOME HEALTH AGENCY	375	3,322	\$	143,384.20	\$ 43.16	.028	\$ 382.36	\$ 1.19
NURSE ANESTHESIST	32	334	\$	2,967.69	\$ 8.89	.003	\$ 92.74	\$.02

NURSE MIDWIFE	39	88	\$	30,673.69	\$	348.56	.001	\$	786.50	\$	.25
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2,440	5,899	\$	90,040.43	\$	15.26	.049	\$	36.90	\$	.75
@TOTAL HOSPITAL	11,481	60,047	\$	10,932,759.38	\$	182.07	.499	\$	952.25	\$	90.84
HOSP INPATIENT TOTAL	1,381	6,987		9,307,180.65		1332.07	.058		6739.45		77.33
HSC HOSPITALS	172	1,464		1,932,918.33		1320.30	.012		11237.90		16.06
NON-HSC HOSPITAL TOTAL	863	4,084		7,090,052.36		1736.06	.034		8215.59		58.91
ACCOMMODATIONS	860	4,084		1,741,264.76		426.36	.034		2024.73		14.47
ADMINISTRATIVE DAYS	33	394		89,534.78		227.25	.003		2713.18		.74
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	850	3,690		1,651,729.98		447.62	.031		1943.21		13.72
ANCILLARIES	863	0		5,348,787.60		.00	.000		6197.90		44.44
INPATIENT CROSSOVERS	364	1,439		284,209.96		197.51	.012		780.80		2.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10,768	53,060		1,625,578.73		30.64	.441		150.96		13.51
MEDICAL	3,494	5,632		275,758.60		48.96	.047		78.92		2.29
SURGERY	908	1,078		53,317.19		49.46	.009		58.72		.44
PATHOLOGY	4,054	18,236		222,648.75		12.21	.152		54.92		1.85
RADIOLOGY	4,242	6,174		388,222.77		62.88	.051		91.52		3.23
ROOM USE	5,054	7,272		295,326.24		40.61	.060		58.43		2.45
CROSSOVERS/ALL OTH OUTPTNT	4,531	14,668		390,305.18		26.61	.122		86.14		3.24
@COUNTY HOSPITAL TOTAL	30	162	\$	21,008.70	\$	129.68	.001	\$	700.29	\$	.17
CO HOSPITAL INPATIENT TOTAL	5	14		15,988.00		1142.00	.000		3197.60		.13
HSC HOSPITALS	5	14		15,988.00		1142.00	.000		3197.60		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	26	148		5,020.70		33.92	.001		193.10		.04
MEDICAL	6	7		301.88		43.13	.000		50.31		.00
SURGERY	6	6		133.92		22.32	.000		22.32		.00
PATHOLOGY	14	54		919.86		17.03	.000		65.70		.01
RADIOLOGY	8	11		1,439.04		130.82	.000		179.88		.01
ROOM USE	16	26		1,073.62		41.29	.000		67.10		.01
CROSSOVERS/ALL OTH OUTPTNT	18	44		1,152.38		26.19	.000		64.02		.01
#CALIF DEPT OF HEALTH SERV											
MOP024											
YUBA COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

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	120,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,461	59,885	\$	10,911,750.68	\$ 182.21	.498	\$ 952.08	\$ 90.66
COMM HOSP INPATIENT TOTAL	1,376	6,973		9,291,192.65	1332.45	.058	6752.32	77.20
HSC HOSPITALS	167	1,450		1,916,930.33	1322.02	.012	11478.62	15.93
NON-HSC HOSPITALS TOTAL	863	4,084		7,090,052.36	1736.06	.034	8215.59	58.91
ACCOMMODATIONS	860	4,084		1,741,264.76	426.36	.034	2024.73	14.47
ADMINISTRATIVE DAYS	33	394		89,534.78	227.25	.003	2713.18	.74
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	850	3,690		1,651,729.98	447.62	.031	1943.21	13.72
ANCILLARIES	863	0		5,348,787.60	.00	.000	6197.90	44.44
INPATIENT CROSSOVERS	364	1,439		284,209.96	197.51	.012	780.80	2.36
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,750	52,912		1,620,558.03	30.63	.440	150.75	13.46
MEDICAL	3,488	5,625		275,456.72	48.97	.047	78.97	2.29
SURGERY	902	1,072		53,183.27	49.61	.009	58.96	.44
PATHOLOGY	4,044	18,182		221,728.89	12.19	.151	54.83	1.84

RADIOLOGY	4,236	6,163		386,783.73	62.76	.051	91.31	3.21
ROOM USE	5,042	7,246		294,252.62	40.61	.060	58.36	2.44
CROSSOVERS/ALL OTH OUTPTNT	4,517	14,624		389,152.80	26.61	.122	86.15	3.23
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	310	6,562	\$	1,040,093.39	\$ 158.50	.055	\$ 3355.14	\$ 8.64
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	254		146,430.13	576.50	.002	20918.59	1.22
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	305	6,308		893,663.26	141.67	.052	2930.04	7.43
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	66,718.35	\$ 182.79	.003	\$ 5559.86	\$.55
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	365		66,718.35	182.79	.003	5559.86	.55
@HEMODIALYSIS TOTAL	319	9,976	\$	477,505.46	\$ 47.87	.083	\$ 1496.88	\$ 3.97
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	319	9,976		477,505.46	47.87	.083	1496.88	3.97
@REHABILITATION FACILITY	26	63	\$	2,571.05	\$ 40.81	.001	\$ 98.89	\$.02
HOSPITAL BASED	22	59		2,458.99	41.68	.000	111.77	.02
INDEPENDENT FACILITY	4	4		112.06	28.02	.000	28.02	.00
@LABORATORY FACILITY	4,913	23,495	\$	293,306.78	\$ 12.48	.195	\$ 59.70	\$ 2.44
PATHOLOGY	4,875	23,446		292,751.28	12.49	.195	60.05	2.43
XO AND OTHERS	38	49		555.50	11.34	.000	14.62	.00
@ORGANIZED OUTPATIENT CLINIC	23,933	41,989	\$	3,010,080.42	\$ 71.69	.349	\$ 125.77	\$ 25.01
CLINIC	762	3,032		75,696.44	24.97	.025	99.34	.63
SURGICENTER	203	838		34,891.56	41.64	.007	171.88	.29
HEROIN DETOX CLINIC	12	161		1,876.91	11.66	.001	156.41	.02
RURAL HEALTH CLINIC	23,174	37,958		2,897,615.51	76.34	.315	125.04	24.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

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						----- MONTHLY AVERAGE -----			
120,354 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14,203	446,439	\$	2,052,767.29	\$ 4.60	3.709	\$ 144.53	\$ 17.06	
DURABLE MED. EQUIP.	1,066	2,632		331,772.66	126.05	.022	311.23	2.76	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	155	196		35,995.67	183.65	.002	232.23	.30	
MEDICAL TRANSPORTATION	1,864	49,966		383,947.49	7.68	.415	205.98	3.19	
AMBULANCES/AIR TRANS	1,474	11,412		197,636.95	17.32	.095	134.08	1.64	
OTHER TRANS	295	37,155		149,638.84	4.03	.309	507.25	1.24	
OTHER SERVICES	144	1,399		36,671.70	26.21	.012	254.66	.30	
ACUPUNCTURE	40	80		1,357.06	16.96	.001	33.93	.01	
ADULT DAY HEALTH CARE CTR	11	211		14,542.59	68.92	.002	1322.05	.12	
GENETIC DISEASE TESTING	67	67		6,985.00	104.25	.001	104.25	.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	690	12,820		528,704.32	41.24	.107	766.24	4.39	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	1,858	4,167		46,521.67	11.16	.035	25.04	.39	
PHYSICAL THERAPIST	74	358		5,336.79	14.91	.003	72.12	.04	
PORTABLE X-RAY	13	29		473.24	16.32	.000	36.40	.00	
PROSTHETIST/ORTHOTISTS	308	638		57,653.03	90.37	.005	187.19	.48	
PROSTHETICS	303	632		57,145.77	90.42	.005	188.60	.47	
ORTHOTICS	6	6		507.26	84.54	.000	84.54	.00	
PSYCHOLOGIST	2	6		284.87	47.48	.000	142.44	.00	
SPEECH AND AUDIOLOGY	361	988		43,006.86	43.53	.008	119.13	.36	
HOSPICE SERVICES	18	494		57,594.60	116.59	.004	3199.70	.48	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	5,283	46,186	302,044.73	6.54	.384	57.17	2.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,481	327,601	236,546.71	.72	2.722	67.95	1.97
@CALIF. CHILDREN SERVICES*	578	7,209	\$ 2,309,150.93	\$ 320.32	.060	\$ 3995.07	\$ 19.19
@XOVER EXCLUDING STATE HOSP**	7,731	62,068	\$ 1,149,444.00	\$ 18.52	.516	\$ 148.68	\$ 9.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,333
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

2,903 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,193	23,411	\$ 1,068,370.78	\$ 45.64	8.064	\$ 487.17	\$ 368.02
@PHYSICIANS SERVICES	519	1,488	\$ 33,830.29	\$ 22.74	.513	\$ 65.18	\$ 11.65
OUTPATIENT VISITS	39	50	1,860.24	37.20	.017	47.70	.64
OFFICE VISITS	38	48	1,747.29	36.40	.017	45.98	.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	112.95	56.48	.001	112.95	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	59	3,550.16	60.17	.020	591.69	1.22
HOSPITAL VISITS	6	41	1,800.26	43.91	.014	300.04	.62
CRITICAL CARE	3	18	1,749.90	97.22	.006	583.30	.60
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	11	568.37	51.67	.004	63.15	.20
EXAMINATIONS	9	11	568.37	51.67	.004	63.15	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19	1,146.30	60.33	.007	286.58	.39
PRINCIPAL SURGEON	4	6	723.75	120.63	.002	180.94	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	422.55	32.50	.004	211.28	.15
OUTPATIENT SURGERY	8	13	2,518.61	193.74	.004	314.83	.87
PRINCIPAL SURGEON	7	7	2,358.62	336.95	.002	336.95	.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	159.99	26.67	.002	159.99	.06
DIALYSIS	4	14	889.16	63.51	.005	222.29	.31
PATHOLOGY	4	28	72.27	2.58	.010	18.07	.02
RADIOLOGY	25	64	2,321.71	36.28	.022	92.87	.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	454	1,230	20,903.47	16.99	.424	46.04	7.20
@PHARMACY	1,763	9,806	\$ 517,775.44	\$ 52.80	3.378	\$ 293.69	\$ 178.36
PRESCRIPTION DRUGS	1,748	6,585	507,381.76	77.05	2.268	290.26	174.78
SNF/ICF	67	407	18,561.86	45.61	.140	277.04	6.39
OUTPATIENTS	1,684	6,178	488,819.90	79.12	2.128	290.27	168.38
MEDICAL SUPPLIES	134	3,221	10,393.68	3.23	1.110	77.56	3.58
@DENTIST	106	416	\$ 24,102.00	\$ 57.94	.143	\$ 227.38	\$ 8.30
VISITS - DIAGNOSTIC	57	181	2,697.00	14.90	.062	47.32	.93
ORAL SURGERY	22	97	4,037.00	41.62	.033	183.50	1.39
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	10	10	1,436.00	143.60	.003	143.60	.49
ENDODONTICS	5	7	1,515.00	216.43	.002	303.00	.52
RESTORATIVE DENTISTRY	22	55	3,847.00	69.95	.019	174.86	1.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	25	65	10,570.00	162.62	.022	422.80	3.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,334
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

2,903 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	58	140	\$ 2,971.38	\$ 21.22	.048	\$ 51.23	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	8	8	327.29	40.91	.003	40.91	.11
EYE APPLIANCES	42	119	2,091.30	17.57	.041	49.79	.72
OTHER OPTOMETRIC SERVICES	14	13	552.79	42.52	.004	39.49	.19
@CHIROPRACTOR	4	6	\$ 98.14	\$ 16.36	.002	\$ 24.54	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	6	98.14	16.36	.002	24.54	.03
@PODIATRIST	15	24	\$ 366.37	\$ 15.27	.008	\$ 24.42	\$.13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	24	366.37	15.27	.008	24.42	.13
@HOME HEALTH AGENCY	1	4	\$ 299.44	\$ 74.86	.001	\$ 299.44	\$.10
NURSE ANESTHESIST	1	3	71.85	23.95	.001	71.85	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	181	736	\$ 139,330.41	\$ 189.31	.254	\$ 769.78	\$ 48.00
HOSP INPATIENT TOTAL	44	151	120,759.84	799.73	.052	2744.54	41.60
HSC HOSPITALS	1	4	3,900.00	975.00	.001	3900.00	1.34
NON-HSC HOSPITAL TOTAL	3	47	84,137.81	1790.17	.016	28045.94	28.98
ACCOMMODATIONS	3	47	22,256.69	473.55	.016	7418.90	7.67
ADMINISTRATIVE DAYS	1	10	2,216.40	221.64	.003	2216.40	.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	37	20,040.29	541.63	.013	6680.10	6.90
ANCILLARIES	3	0	61,881.12	.00	.000	20627.04	21.32
INPATIENT CROSSOVERS	40	100	32,722.03	327.22	.034	818.05	11.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	585	18,570.57	31.74	.202	128.96	6.40
MEDICAL	13	26	952.51	36.64	.009	73.27	.33
SURGERY	4	5	373.80	74.76	.002	93.45	.13
PATHOLOGY	15	55	595.61	10.83	.019	39.71	.21
RADIOLOGY	19	27	1,775.11	65.74	.009	93.43	.61
ROOM USE	12	20	1,122.37	56.12	.007	93.53	.39
CROSSOVERS/ALL OTH OUTPTNT	118	452	13,751.17	30.42	.156	116.54	4.74
@COUNTY HOSPITAL TOTAL	2	11	\$ 257.66	\$ 23.42	.004	\$ 128.83	\$.09
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	11	257.66	23.42	.004	128.83	.09
MEDICAL	2	4	76.83	19.21	.001	38.42	.03

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.40	4.40	.000	4.40	.00
RADIOLOGY	1	1	24.39	24.39	.000	24.39	.01
ROOM USE	2	4	139.76	34.94	.001	69.88	.05
CROSSTOVERS/ALL OTH OUTPTNT	1	1	12.28	12.28	.000	12.28	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,335
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	2,903 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	179	725	\$	139,072.75	\$ 191.82	.250	\$ 776.94	\$ 47.91
COMM HOSP INPATIENT TOTAL	44	151		120,759.84	799.73	.052	2744.54	41.60
HSC HOSPITALS	1	4		3,900.00	975.00	.001	3900.00	1.34
NON-HSC HOSPITALS TOTAL	3	47		84,137.81	1790.17	.016	28045.94	28.98
ACCOMMODATIONS	3	47		22,256.69	473.55	.016	7418.90	7.67

ADMINISTRATIVE DAYS	1	10		2,216.40	221.64	.003	2216.40	.76
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	37		20,040.29	541.63	.013	6680.10	6.90
ANCILLARIES	3	0		61,881.12	.00	.000	20627.04	21.32
INPATIENT CROSSOVERS	40	100		32,722.03	327.22	.034	818.05	11.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	142	574		18,312.91	31.90	.198	128.96	6.31
MEDICAL	11	22		875.68	39.80	.008	79.61	.30
SURGERY	4	5		373.80	74.76	.002	93.45	.13
PATHOLOGY	14	54		591.21	10.95	.019	42.23	.20
RADIOLOGY	18	26		1,750.72	67.34	.009	97.26	.60
ROOM USE	10	16		982.61	61.41	.006	98.26	.34
CROSSOVERS/ALL OTH OUTPTNT	117	451		13,738.89	30.46	.155	117.43	4.73
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	68	1,826	\$	273,097.74	149.56	.629	4016.14	94.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	68	1,826		273,097.74	149.56	.629	4016.14	94.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	86	\$	6,127.49	71.25	.030	765.94	2.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	86		6,127.49	71.25	.030	765.94	2.11
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	29	138	\$	1,834.11	13.29	.048	63.25	.63
PATHOLOGY	26	135		1,807.42	13.39	.047	69.52	.62
XO AND OTHERS	3	3		26.69	8.90	.001	8.90	.01
@ORGANIZED OUTPATIENT CLINIC	484	893	\$	33,001.48	36.96	.308	68.18	11.37
CLINIC	1	2		22.94	11.47	.001	22.94	.01
SURGICENTER	12	18		2,097.50	116.53	.006	174.79	.72
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	472	873		30,881.04	35.37	.301	65.43	10.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,336
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X							

						----- MONTHLY AVERAGE -----			
2,903 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	344	7,845	\$	35,464.64	\$ 4.52	2.702	\$ 103.09	\$ 12.22	
DURABLE MED. EQUIP.	14	16		852.09	53.26	.006	60.86	.29	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	13	13		3,660.12	281.55	.004	281.55	1.26	
MEDICAL TRANSPORTATION	25	1,461		6,488.12	4.44	.503	259.52	2.23	
AMBULANCES/AIR TRANS	3	9		413.60	45.96	.003	137.87	.14	
OTHER TRANS	17	1,349		5,904.55	4.38	.465	347.33	2.03	
OTHER SERVICES	5	103		169.97	1.65	.035	33.99	.06	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	19	99		8,955.57	90.46	.034	471.35	3.08	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	

OPTICIAN	56	124	1,649.82	13.31	.043	29.46	.57
PHYSICAL THERAPIST	2	12	120.48	10.04	.004	60.24	.04
PORTABLE X-RAY	2	4	2.64	.66	.001	1.32	.00
PROSTHETIST/ORTHOTISTS	10	13	355.21	27.32	.004	35.52	.12
PROSTHETICS	10	13	355.21	27.32	.004	35.52	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	9	1,484.55	164.95	.003	296.91	.51
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	232	6,094	11,896.04	1.95	2.099	51.28	4.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	738	4,777	\$ 114,771.97	\$ 24.03	1.646	\$ 155.52	\$ 39.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,337
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	829	\$ 9,761.90	\$ 11.78	23.686	\$ 390.48	\$ 278.91
@PHYSICIANS SERVICES	6	26	\$ 3,190.46	\$ 122.71	.743	\$ 531.74	\$ 91.16
OUTPATIENT VISITS	3	6	162.06	27.01	.171	54.02	4.63
OFFICE VISITS	3	6	162.06	27.01	.171	54.02	4.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.057	46.44	2.65
EXAMINATIONS	2	2	92.88	46.44	.057	46.44	2.65
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9	2,562.58	284.73	.257	640.65	73.22
PRINCIPAL SURGEON	2	3	2,172.00	724.00	.086	1086.00	62.06
ASSISTANT SURGEON	1	1	244.60	244.60	.029	244.60	6.99
ANESTHESIOLOGIST	1	5	145.98	29.20	.143	145.98	4.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	18.70	3.74	.143	6.23	.53
RADIOLOGY	1	3	347.74	115.91	.086	347.74	9.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	6.50	6.50	.029	6.50	.19
@PHARMACY	20	468	\$ 4,191.12	\$ 8.96	13.371	\$ 209.56	\$ 119.75
PRESCRIPTION DRUGS	16	56	3,099.32	55.35	1.600	193.71	88.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	56	3,099.32	55.35	1.600	193.71	88.55

MEDICAL SUPPLIES	12	412		1,091.80		2.65	11.771	90.98	31.19
@DENTIST	2	12	\$	114.00	\$	9.50	.343	\$ 57.00	\$ 3.26
VISITS - DIAGNOSTIC	1	6		.00		.00	.171	.00	.00
ORAL SURGERY	1	3		.00		.00	.086	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3		114.00		38.00	.086	114.00	3.26
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.029	\$ 16.72	\$.48
VISITS	1	1	16.72	16.72	.029	16.72	.48
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4	\$ 149.68	\$ 37.42	.114	\$ 149.68	\$ 4.28
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	5	\$ 409.05	\$ 81.81	.143	\$ 204.53	\$ 11.69
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	409.05	81.81	.143	204.53	11.69
MEDICAL	1	1	18.29	18.29	.029	18.29	.52
SURGERY	1	1	203.94	203.94	.029	203.94	5.83
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	23.51	23.51	.029	23.51	.67
ROOM USE	1	2	163.31	81.66	.057	163.31	4.67
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,339
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5	\$ 409.05	\$ 81.81	.143	\$ 204.53	\$ 11.69
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	409.05	81.81	.143	204.53	11.69
MEDICAL	1	1	18.29	18.29	.029	18.29	.52
SURGERY	1	1	203.94	203.94	.029	203.94	5.83
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	23.51	23.51	.029	23.51	.67
ROOM USE	1	2	163.31	81.66	.057	163.31	4.67
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	14	\$ 151.45	\$ 10.82	.400	\$ 75.73	\$ 4.33

PATHOLOGY	2	14		151.45		10.82	.400	75.73	4.33
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
					AID CODE	24			
							----- MONTHLY AVERAGE -----		
35 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	14	299	\$	1,539.42	\$ 5.15	8.543	\$ 109.96	\$	43.98
DURABLE MED. EQUIP.	1	12		186.18	15.52	.343	186.18		5.32
BLOOD BANK	0	0		.00	.00	.000	.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	263	850.58	3.23	7.514	283.53	24.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	24	502.66	20.94	.686	50.27	14.36
@CALIF. CHILDREN SERVICES*	1	12	\$ 186.18	\$ 15.52	.343	\$ 186.18	\$ 5.32
@XOVER EXCLUDING STATE HOSP**	10	36	\$ 623.66	\$ 17.32	1.029	\$ 62.37	\$ 17.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,341
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

2,886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,194	25,169	\$ 1,527,813.97	\$ 60.70	8.721	\$ 696.36	\$ 529.39
@PHYSICIANS SERVICES	570	2,130	\$ 60,885.51	\$ 28.58	.738	\$ 106.82	\$ 21.10
OUTPATIENT VISITS	132	215	6,775.75	31.52	.074	51.33	2.35
OFFICE VISITS	113	172	5,381.34	31.29	.060	47.62	1.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	8	595.45	74.43	.003	119.09	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	18	35	798.96	22.83	.012	44.39	.28
INPATIENT VISITS	29	157	6,859.38	43.69	.054	236.53	2.38
HOSPITAL VISITS	26	149	6,396.28	42.93	.052	246.01	2.22
CRITICAL CARE	1	2	243.20	121.60	.001	243.20	.08
SNF/ICF/TRANS IP CARE	5	6	219.90	36.65	.002	43.98	.08
OPHTHALMOLOGICAL SERVICES	15	20	841.39	42.07	.007	56.09	.29
EXAMINATIONS	15	20	841.39	42.07	.007	56.09	.29
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	79	7,432.66	94.08	.027	464.54	2.58
PRINCIPAL SURGEON	12	18	5,710.53	317.25	.006	475.88	1.98
ASSISTANT SURGEON	2	2	224.87	112.44	.001	112.44	.08
ANESTHESIOLOGIST	7	59	1,497.26	25.38	.020	213.89	.52
OUTPATIENT SURGERY	21	58	3,948.95	68.09	.020	188.05	1.37
PRINCIPAL SURGEON	16	18	2,955.53	164.20	.006	184.72	1.02
ASSISTANT SURGEON	1	1	92.70	92.70	.000	92.70	.03
ANESTHESIOLOGIST	7	39	900.72	23.10	.014	128.67	.31

DIALYSIS	5	5	956.76	191.35	.002	191.35	.33
PATHOLOGY	17	53	903.89	17.05	.018	53.17	.31
RADIOLOGY	105	246	9,969.38	40.53	.085	94.95	3.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	275	4,158.99	15.12	.095	231.06	1.44
OTHER SERVICES/ALL X-OVERS	394	1,022	19,038.36	18.63	.354	48.32	6.60
@PHARMACY	1,744	11,613	\$ 801,765.85	\$ 69.04	4.024	\$ 459.73	\$ 277.81
PRESCRIPTION DRUGS	1,709	7,618	780,539.25	102.46	2.640	456.72	270.46
SNF/ICF	34	260	12,175.85	46.83	.090	358.11	4.22
OUTPATIENTS	1,675	7,358	768,363.40	104.43	2.550	458.72	266.24
MEDICAL SUPPLIES	209	3,995	21,226.60	5.31	1.384	101.56	7.36
@DENTIST	103	493	\$ 27,057.20	\$ 54.88	.171	\$ 262.69	\$ 9.38
VISITS - DIAGNOSTIC	59	248	3,196.20	12.89	.086	54.17	1.11
ORAL SURGERY	20	91	4,797.00	52.71	.032	239.85	1.66
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	954.00	159.00	.002	190.80	.33
ENDODONTICS	10	19	4,175.00	219.74	.007	417.50	1.45
RESTORATIVE DENTISTRY	27	71	5,903.00	83.14	.025	218.63	2.05
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.02
DENTURES, STAYPLATES	20	54	7,982.00	147.81	.019	399.10	2.77
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

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01/29/04

2,886 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE		
							COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	67	191	\$	3,963.96	\$ 20.75	.066	\$ 59.16	\$	1.37
DIAGNOSTIC AND ANC. PROCED	18	20		846.41	42.32	.007	47.02		.29
EYE APPLIANCES	58	166		2,895.17	17.44	.058	49.92		1.00
OTHER OPTOMETRIC SERVICES	6	5		222.38	44.48	.002	37.06		.08
@CHIROPRACTOR	7	14	\$	144.10	\$ 10.29	.005	\$ 20.59	\$	.05
VISITS	1	1		8.36	8.36	.000	8.36		.00
OTHER SERVICES	6	13		135.74	10.44	.005	22.62		.05
@PODIATRIST	37	57	\$	710.39	\$ 12.46	.020	\$ 19.20	\$	.25
MEDICINE/INJECTIONS	1	1		21.40	21.40	.000	21.40		.01
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	36	56		688.99	12.30	.019	19.14		.24
@HOME HEALTH AGENCY	2	3	\$	224.58	\$ 74.86	.001	\$ 112.29	\$	.08
NURSE ANESTHESIST	1	7	\$	95.98	\$ 13.71	.002	\$ 95.98	\$	.03
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	6	\$	83.00	\$ 13.83	.002	\$ 41.50	\$	.03
@TOTAL HOSPITAL	266	1,860	\$	377,015.19	\$ 202.70	.644	\$ 1417.35	\$	130.64
HOSP INPATIENT TOTAL	48	256		313,872.61	1226.06	.089	6539.01		108.76
HSC HOSPITALS	7	50		101,455.00	2029.10	.017	14493.57		35.15
NON-HSC HOSPITAL TOTAL	20	140		194,897.13	1392.12	.049	9744.86		67.53
ACCOMMODATIONS	19	140		48,841.02	348.86	.049	2570.58		16.92
ADMINISTRATIVE DAYS	2	21		4,722.06	224.86	.007	2361.03		1.64
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	17	119		44,118.96	370.75	.041	2595.23		15.29
ANCILLARIES	20	0		146,056.11	.00	.000	7302.81		50.61
INPATIENT CROSSOVERS	21	66		17,520.48	265.46	.023	834.31		6.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	235	1,604		63,142.58		39.37	.556	268.69	21.88
MEDICAL	64	136		5,964.88		43.86	.047	93.20	2.07
SURGERY	10	13		544.23		41.86	.005	54.42	.19
PATHOLOGY	76	542		6,101.69		11.26	.188	80.29	2.11
RADIOLOGY	66	120		10,072.77		83.94	.042	152.62	3.49
ROOM USE	57	108		4,310.04		39.91	.037	75.61	1.49
CROSSOVERS/ALL OTH OUTPTNT	156	685		36,148.97		52.77	.237	231.72	12.53
@COUNTY HOSPITAL TOTAL	4	10	\$	91.98	\$	9.20	.003	23.00	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10		91.98		9.20	.003	23.00	.03
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10		91.98		9.20	.003	23.00	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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2,886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	263	1,850	\$ 376,923.21	\$ 203.74	.641	\$ 1433.17	\$ 130.60
COMM HOSP INPATIENT TOTAL	48	256	313,872.61	1226.06	.089	6539.01	108.76
HSC HOSPITALS	7	50	101,455.00	2029.10	.017	14493.57	35.15
NON-HSC HOSPITALS TOTAL	20	140	194,897.13	1392.12	.049	9744.86	67.53
ACCOMMODATIONS	19	140	48,841.02	348.86	.049	2570.58	16.92
ADMINISTRATIVE DAYS	2	21	4,722.06	224.86	.007	2361.03	1.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	119	44,118.96	370.75	.041	2595.23	15.29
ANCILLARIES	20	0	146,056.11	.00	.000	7302.81	50.61
INPATIENT CROSSOVERS	21	66	17,520.48	265.46	.023	834.31	6.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	232	1,594	63,050.60	39.55	.552	271.77	21.85
MEDICAL	64	136	5,964.88	43.86	.047	93.20	2.07
SURGERY	10	13	544.23	41.86	.005	54.42	.19
PATHOLOGY	76	542	6,101.69	11.26	.188	80.29	2.11
RADIOLOGY	66	120	10,072.77	83.94	.042	152.62	3.49
ROOM USE	57	108	4,310.04	39.91	.037	75.61	1.49
CROSSOVERS/ALL OTH OUTPTNT	153	675	36,056.99	53.42	.234	235.67	12.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	44	995	\$ 126,154.57	\$ 126.79	.345	\$ 2867.15	\$ 43.71
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	44	995	126,154.57	126.79	.345	2867.15	43.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.000	.00	.00
ICF DD	0	0		.00		.000	.00	.00
ICF DDN/DDCN	0	0		.00		.000	.00	.00
@HEMODIALYSIS TOTAL	23	521	\$	25,560.87	\$	49.06	.181	\$ 1111.34 \$ 8.86
HOSPITAL BASED	0	0		.00		.000	.00	.00
HEMODIALYSIS CENTER	23	521		25,560.87		49.06	.181	1111.34 8.86
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.000	\$ 21.19 \$.01
HOSPITAL BASED	0	0		.00		.000	.00	.00
INDEPENDENT FACILITY	1	1		21.19		21.19	.000	21.19 .01
@LABORATORY FACILITY	85	378	\$	4,413.07	\$	11.67	.131	\$ 51.92 \$ 1.53
PATHOLOGY	83	376		4,395.26		11.69	.130	52.95 1.52
XO AND OTHERS	2	2		17.81		8.91	.001	8.91 .01
@ORGANIZED OUTPATIENT CLINIC	501	901	\$	44,409.31	\$	49.29	.312	\$ 88.64 \$ 15.39
CLINIC	4	7		94.63		13.52	.002	23.66 .03
SURGICENTER	9	32		1,810.12		56.57	.011	201.12 .63
HEROIN DETOX CLINIC	2	40		463.38		11.58	.014	231.69 .16
RURAL HEALTH CLINIC	492	822		42,041.18		51.14	.285	85.45 14.57

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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2,886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	424	5,999	\$ 55,309.20	\$ 9.22	2.079	\$ 130.45	\$ 19.16
DURABLE MED. EQUIP.	24	35	8,045.55	229.87	.012	335.23	2.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	13	3,115.46	239.65	.005	259.62	1.08
MEDICAL TRANSPORTATION	42	1,176	10,197.83	8.67	.407	242.81	3.53
AMBULANCES/AIR TRANS	24	148	3,390.95	22.91	.051	141.29	1.17
OTHER TRANS	8	932	3,532.07	3.79	.323	441.51	1.22
OTHER SERVICES	11	96	3,274.81	34.11	.033	297.71	1.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	129	7,084.14	54.92	.045	644.01	2.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	63	134	1,969.07	14.69	.046	31.26	.68
PHYSICAL THERAPIST	1	7	2.35	.34	.002	2.35	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	61	3,848.67	63.09	.021	226.39	1.33
PROSTHETICS	17	61	3,848.67	63.09	.021	226.39	1.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	12	2,123.10	176.93	.004	303.30	.74
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28	413	2,833.91	6.86	.143	101.21	.98
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	256	4,019	16,089.12	4.00	1.393	62.85	5.57
@CALIF. CHILDREN SERVICES*	10	62	\$ 7,700.73	\$ 124.21	.021	\$ 770.07	\$ 2.67
@XOVER EXCLUDING STATE HOSP**	652	5,211	\$ 95,079.88	\$ 18.25	1.806	\$ 145.83	\$ 32.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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----- MONTHLY AVERAGE -----

65,900 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,169	155,908	\$ 9,627,349.48	\$ 61.75	2.366	\$ 308.88	\$ 146.09
@PHYSICIANS SERVICES	7,135	22,538	\$ 929,827.81	\$ 41.26	.342	\$ 130.32	\$ 14.11
OUTPATIENT VISITS	3,586	4,154	177,105.15	42.63	.063	49.39	2.69
OFFICE VISITS	2,983	3,420	122,575.26	35.84	.052	41.09	1.86
HOME VISITS	5	6	377.80	62.97	.000	75.56	.01
EMERGENCY ROOM	194	216	11,161.45	51.67	.003	57.53	.17
PREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	373	401	39,803.30	99.26	.006	106.71	.60
OTHER OUTPATIENT	99	109	3,104.62	28.48	.002	31.36	.05
INPATIENT VISITS	386	1,442	105,959.42	73.48	.022	274.51	1.61
HOSPITAL VISITS	357	1,014	45,899.77	45.27	.015	128.57	.70
CRITICAL CARE	48	428	60,059.65	140.33	.006	1251.24	.91
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	119	140	6,605.09	47.18	.002	55.50	.10

EXAMINATIONS	117	138		6,565.09		47.57	.002	56.11	.10
SERVICES AND MATERIALS	2	2		40.00		20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	543	2,399		287,831.26		119.98	.036	530.08	4.37
PRINCIPAL SURGEON	325	376		227,660.13		605.48	.006	700.49	3.45
ASSISTANT SURGEON	67	68		11,794.65		173.45	.001	176.04	.18
ANESTHESIOLOGIST	261	1,955		48,376.48		24.75	.030	185.35	.73
OUTPATIENT SURGERY	578	1,672		101,595.94		60.76	.025	175.77	1.54
PRINCIPAL SURGEON	434	565		76,520.33		135.43	.009	176.31	1.16
ASSISTANT SURGEON	11	11		1,236.03		112.37	.000	112.37	.02
ANESTHESIOLOGIST	183	1,096		23,839.58		21.75	.017	130.27	.36
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	284	373		5,115.04		13.71	.006	18.01	.08
RADIOLOGY	2,671	4,047		144,792.72		35.78	.061	54.21	2.20
PSYCHIATRY	11	12		436.07		36.34	.000	39.64	.01
IMMUNIZATION AND INJECTION	150	326		8,031.71		24.64	.005	53.54	.12
OTHER SERVICES/ALL X-OVERS	1,272	7,973		92,355.41		11.58	.121	72.61	1.40
@PHARMACY	15,339	38,722	\$	2,055,314.38	\$	53.08	.588	\$ 133.99	\$ 31.19
PRESCRIPTION DRUGS	15,215	36,957		1,997,066.01		54.04	.561	131.26	30.30
SNF/ICF	1	2		84.40		42.20	.000	84.40	.00
OUTPATIENTS	15,215	36,955		1,996,981.61		54.04	.561	131.25	30.30
MEDICAL SUPPLIES	414	1,765		58,248.37		33.00	.027	140.70	.88
@DENTIST	3,056	14,756	\$	542,882.93	\$	36.79	.224	\$ 177.64	\$ 8.24
VISITS - DIAGNOSTIC	2,060	9,033		135,528.29		15.00	.137	65.79	2.06
ORAL SURGERY	426	1,076		57,724.40		53.65	.016	135.50	.88
DRUGS	65	78		1,510.00		19.36	.001	23.23	.02
ANESTHESIA	41	42		3,800.00		90.48	.001	92.68	.06
PERIODONTICS	83	91		14,374.00		157.96	.001	173.18	.22
ENDODONTICS	250	568		72,811.25		128.19	.009	291.25	1.10
RESTORATIVE DENTISTRY	1,138	3,261		208,653.90		63.98	.049	183.35	3.17
PROSTHETICS	8	8		230.00		28.75	.000	28.75	.00
DENTURES, STAYPLATES	68	266		27,673.00		104.03	.004	406.96	.42
SPACE MAINTAINERS	20	26		2,590.00		99.62	.000	129.50	.04
MAXILLOFACIAL SERVICES	8	8		468.09		58.51	.000	58.51	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	154	202		16,695.00		82.65	.003	108.41	.25
ALL OTHER SERVICES	61	97		825.00		8.51	.001	13.52	.01

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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65,900 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	759	2,045	\$	47,261.79	\$ 23.11	.031	\$ 62.27
DIAGNOSTIC AND ANC. PROCED	534	552		25,019.58	45.33	.008	46.85
EYE APPLIANCES	536	1,488		22,183.09	14.91	.023	41.39
OTHER OPTOMETRIC SERVICES	4	5		59.12	11.82	.000	14.78
@CHIROPRACTOR	185	371	\$	5,994.12	\$ 16.16	.006	\$ 32.40
VISITS	184	369		5,960.68	16.15	.006	32.40
OTHER SERVICES	1	2		33.44	16.72	.000	33.44
@PODIATRIST	10	19	\$	855.54	\$ 45.03	.000	\$ 85.55
MEDICINE/INJECTIONS	9	13		444.92	34.22	.000	49.44
SURGERY/ANES.	1	1		84.14	84.14	.000	84.14
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	3	5		326.48	65.30	.000	108.83
@HOME HEALTH AGENCY	194	271	\$	13,492.48	\$ 49.79	.004	\$ 69.55
NURSE ANESTHESIST	11	63	\$	944.31	\$ 14.99	.001	\$ 85.85
NURSE MIDWIFE	56	105	\$	40,219.28	\$ 383.04	.002	\$ 718.20
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	525	1,167	\$	18,538.03	\$ 15.89	.018	\$ 35.31
@TOTAL HOSPITAL	5,453	25,912	\$	4,047,039.65	\$ 156.18	.393	\$ 742.17

----- MONTHLY AVERAGE -----

HOSP INPATIENT TOTAL	533	2,412	3,359,779.56	1392.94	.037	6303.53	50.98
HSC HOSPITALS	76	721	915,452.18	1269.70	.011	12045.42	13.89
NON-HSC HOSPITAL TOTAL	457	1,690	2,443,758.32	1446.01	.026	5347.39	37.08
ACCOMMODATIONS	457	1,690	670,980.93	397.03	.026	1468.23	10.18
ADMINISTRATIVE DAYS	3	46	10,253.40	222.90	.001	3417.80	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	455	1,644	660,727.53	401.90	.025	1452.15	10.03
ANCILLARIES	456	0	1,772,777.39	.00	.000	3887.67	26.90
INPATIENT CROSSOVERS	1	1	569.06	569.06	.000	569.06	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,186	23,500	687,260.09	29.25	.357	132.52	10.43
MEDICAL	1,569	2,113	102,308.80	48.42	.032	65.21	1.55
SURGERY	453	554	26,903.21	48.56	.008	59.39	.41
PATHOLOGY	2,132	7,876	101,154.81	12.84	.120	47.45	1.53
RADIOLOGY	2,254	3,011	171,191.18	56.86	.046	75.95	2.60
ROOM USE	2,712	3,853	150,849.78	39.15	.058	55.62	2.29
CROSSOVERS/ALL OTH OUTPTNT	1,870	6,093	134,852.31	22.13	.092	72.11	2.05
@COUNTY HOSPITAL TOTAL	14	56	\$ 5,930.21	\$ 105.90	.001	\$ 423.59	\$.09
CO HOSPITAL INPATIENT TOTAL	2	4	4,346.02	1086.51	.000	2173.01	.07
HSC HOSPITALS	2	4	4,346.02	1086.51	.000	2173.01	.07
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	52	1,584.19	30.47	.001	121.86	.02
MEDICAL	4	8	402.41	50.30	.000	100.60	.01
SURGERY	2	3	79.25	26.42	.000	39.63	.00
PATHOLOGY	5	17	256.38	15.08	.000	51.28	.00
RADIOLOGY	1	8	163.01	20.38	.000	163.01	.00
ROOM USE	5	7	355.29	50.76	.000	71.06	.01
CROSSOVERS/ALL OTH OUTPTNT	7	9	327.85	36.43	.000	46.84	.00
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MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
					----- MONTHLY AVERAGE -----		
65,900 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,440	25,856	\$ 4,041,109.44	\$ 156.29	.392	\$ 742.85	\$ 61.32
COMM HOSP INPATIENT TOTAL	531	2,408	3,355,433.54	1393.45	.037	6319.08	50.92
HSC HOSPITALS	74	717	911,106.16	1270.72	.011	12312.25	13.83
NON-HSC HOSPITALS TOTAL	457	1,690	2,443,758.32	1446.01	.026	5347.39	37.08
ACCOMMODATIONS	457	1,690	670,980.93	397.03	.026	1468.23	10.18
ADMINISTRATIVE DAYS	3	46	10,253.40	222.90	.001	3417.80	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	455	1,644	660,727.53	401.90	.025	1452.15	10.03
ANCILLARIES	456	0	1,772,777.39	.00	.000	3887.67	26.90
INPATIENT CROSSOVERS	1	1	569.06	569.06	.000	569.06	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,174	23,448	685,675.90	29.24	.356	132.52	10.40
MEDICAL	1,565	2,105	101,906.39	48.41	.032	65.12	1.55
SURGERY	451	551	26,823.96	48.68	.008	59.48	.41
PATHOLOGY	2,127	7,859	100,898.43	12.84	.119	47.44	1.53
RADIOLOGY	2,253	3,003	171,028.17	56.95	.046	75.91	2.60
ROOM USE	2,707	3,846	150,494.49	39.13	.058	55.59	2.28
CROSSOVERS/ALL OTH OUTPTNT	1,863	6,084	134,524.46	22.11	.092	72.21	2.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$	4,179.03	\$	597.00	.000	\$ 696.51	\$.06
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		4,179.03		597.00	.000	696.51	.06
@REHABILITATION FACILITY	9	24	\$	1,403.71	\$	58.49	.000	\$ 155.97	\$.02
HOSPITAL BASED	9	24		1,403.71		58.49	.000	155.97	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2,539	10,287	\$	146,663.75	\$	14.26	.156	\$ 57.76	\$ 2.23
PATHOLOGY	2,539	10,287		146,663.75		14.26	.156	57.76	2.23
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11,282	19,064	\$	1,491,360.27	\$	78.23	.289	\$ 132.19	\$ 22.63
CLINIC	518	1,814		50,561.13		27.87	.028	97.61	.77
SURGICENTER	80	411		12,743.45		31.01	.006	159.29	.19
HEROIN DETOX CLINIC	5	66		664.15		10.06	.001	132.83	.01
RURAL HEALTH CLINIC	10,770	16,773		1,427,391.54		85.10	.255	132.53	21.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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YUBA COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

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	65,900 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,190	20,557	\$	281,372.40	\$ 13.69	.312	\$ 67.15	\$ 4.27
DURABLE MED. EQUIP.	200	258		25,441.86	98.61	.004	127.21	.39
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6		1,227.35	204.56	.000	204.56	.02
MEDICAL TRANSPORTATION	454	4,393		78,484.37	17.87	.067	172.87	1.19
AMBULANCES/AIR TRANS	452	4,266		61,319.81	14.37	.065	135.66	.93
OTHER TRANS	2	115		190.84	1.66	.002	95.42	.00
OTHER SERVICES	12	12		16,973.72	1414.48	.000	1414.48	.26
ACUPUNCTURE	5	18		313.58	17.42	.000	62.72	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,657.50	104.49	.002	104.49	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	579	1,250		12,272.96	9.82	.019	21.20	.19
PHYSICAL THERAPIST	34	109		1,853.93	17.01	.002	54.53	.03
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	105	214		16,009.58	74.81	.003	152.47	.24
PROSTHETICS	102	210		15,663.89	74.59	.003	153.57	.24
ORTHOTICS	4	4		345.69	86.42	.000	86.42	.01
PSYCHOLOGIST	2	8		151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	98	198		8,609.35	43.48	.003	87.85	.13
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,635	12,163		123,150.72	10.13	.185	46.74	1.87
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	61	1,838		3,199.26		1.74	.028	52.45		.05
@CALIF. CHILDREN SERVICES*	190	1,761	\$	521,611.06	\$	296.20	.027	\$ 2745.32	\$	7.92
@XOVER EXCLUDING STATE HOSP**	112	545	\$	12,920.61	\$	23.71	.008	\$ 115.36	\$	.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,349
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

71,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35,581	205,317	\$ 12,233,296.13	\$ 59.58	2.863	\$ 343.82	\$ 170.56
@PHYSICIANS SERVICES	8,230	26,182	\$ 1,027,734.07	\$ 39.25	.365	\$ 124.88	\$ 14.33
OUTPATIENT VISITS	3,760	4,425	185,903.20	42.01	.062	49.44	2.59
OFFICE VISITS	3,137	3,646	129,865.95	35.62	.051	41.40	1.81
HOME VISITS	5	6	377.80	62.97	.000	75.56	.01
EMERGENCY ROOM	200	226	11,869.85	52.52	.003	59.35	.17
PREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	373	401	39,803.30	99.26	.006	106.71	.55
OTHER OUTPATIENT	117	144	3,903.58	27.11	.002	33.36	.05
INPATIENT VISITS	421	1,658	116,368.96	70.19	.023	276.41	1.62
HOSPITAL VISITS	389	1,204	54,096.31	44.93	.017	139.07	.75
CRITICAL CARE	52	448	62,052.75	138.51	.006	1193.32	.87
SNF/ICF/TRANS IP CARE	5	6	219.90	36.65	.000	43.98	.00
OPHTHALMOLOGICAL SERVICES	145	173	8,107.73	46.87	.002	55.92	.11
EXAMINATIONS	143	171	8,067.73	47.18	.002	56.42	.11
SERVICES AND MATERIALS	2	2	40.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	563	2,497	296,410.22	118.71	.035	526.48	4.13
PRINCIPAL SURGEON	341	400	234,094.41	585.24	.006	686.49	3.26
ASSISTANT SURGEON	69	70	12,019.52	171.71	.001	174.20	.17
ANESTHESIOLOGIST	270	2,027	50,296.29	24.81	.028	186.28	.70
OUTPATIENT SURGERY	611	1,752	110,626.08	63.14	.024	181.06	1.54
PRINCIPAL SURGEON	459	593	84,006.48	141.66	.008	183.02	1.17
ASSISTANT SURGEON	13	13	1,573.33	121.03	.000	121.03	.02
ANESTHESIOLOGIST	192	1,146	25,046.27	21.86	.016	130.45	.35
DIALYSIS	9	19	1,845.92	97.15	.000	205.10	.03
PATHOLOGY	308	459	6,109.90	13.31	.006	19.84	.09
RADIOLOGY	2,802	4,360	157,431.55	36.11	.061	56.19	2.19
PSYCHIATRY	11	12	436.07	36.34	.000	39.64	.01
IMMUNIZATION AND INJECTION	168	601	12,190.70	20.28	.008	72.56	.17
OTHER SERVICES/ALL X-OVERS	2,121	10,226	132,303.74	12.94	.143	62.38	1.84
@PHARMACY	18,866	60,609	\$ 3,379,046.79	\$ 55.75	.845	\$ 179.11	\$ 47.11
PRESCRIPTION DRUGS	18,688	51,216	3,288,086.34	64.20	.714	175.95	45.84
SNF/ICF	102	669	30,822.11	46.07	.009	302.18	.43
OUTPATIENTS	18,590	50,547	3,257,264.23	64.44	.705	175.22	45.41
MEDICAL SUPPLIES	769	9,393	90,960.45	9.68	.131	118.28	1.27
@DENTIST	3,267	15,677	\$ 594,156.13	\$ 37.90	.219	\$ 181.87	\$ 8.28
VISITS - DIAGNOSTIC	2,177	9,468	141,421.49	14.94	.132	64.96	1.97
ORAL SURGERY	469	1,267	66,558.40	52.53	.018	141.92	.93
DRUGS	66	79	1,510.00	19.11	.001	22.88	.02
ANESTHESIA	41	42	3,800.00	90.48	.001	92.68	.05
PERIODONTICS	98	107	16,764.00	156.67	.001	171.06	.23
ENDODONTICS	265	594	78,501.25	132.16	.008	296.23	1.09
RESTORATIVE DENTISTRY	1,188	3,390	218,517.90	64.46	.047	183.94	3.05
PROSTHETICS	9	9	280.00	31.11	.000	31.11	.00
DENTURES, STAYPLATES	113	385	46,225.00	120.06	.005	409.07	.64
SPACE MAINTAINERS	20	26	2,590.00	99.62	.000	129.50	.04
MAXILLOFACIAL SERVICES	8	8	468.09	58.51	.000	58.51	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	154	202	16,695.00	82.65	.003	108.41	.23
ALL OTHER SERVICES	63	100	825.00	8.25	.001	13.10	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,350
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	71,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	884	2,376	\$	54,197.13	\$ 22.81	.033	\$ 61.31	\$.76
DIAGNOSTIC AND ANC. PROCED	560	580		26,193.28	45.16	.008	46.77	.37
EYE APPLIANCES	636	1,773		27,169.56	15.32	.025	42.72	.38
OTHER OPTOMETRIC SERVICES	24	23		834.29	36.27	.000	34.76	.01
@CHIROPRACTOR	197	392	\$	6,253.08	\$ 15.95	.005	\$ 31.74	\$.09
VISITS	186	371		5,985.76	16.13	.005	32.18	.08
OTHER SERVICES	11	21		267.32	12.73	.000	24.30	.00
@PODIATRIST	62	100	\$	1,932.30	\$ 19.32	.001	\$ 31.17	\$.03

MEDICINE/INJECTIONS	10	14		466.32		33.31	.000	46.63	.01
SURGERY/ANES.	1	1		84.14		84.14	.000	84.14	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	54	85		1,381.84		16.26	.001	25.59	.02
@HOME HEALTH AGENCY	198	282	\$	14,166.18	\$	50.23	.004	71.55	.20
NURSE ANESTHESIST	13	73	\$	1,112.14	\$	15.23	.001	85.55	.02
NURSE MIDWIFE	56	105	\$	40,219.28	\$	383.04	.001	718.20	.56
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	527	1,173	\$	18,621.03	\$	15.87	.016	35.33	.26
@TOTAL HOSPITAL	5,902	28,513	\$	4,563,794.30	\$	160.06	.398	773.26	63.63
HOSP INPATIENT TOTAL	625	2,819		3,794,412.01		1346.01	.039	6071.06	52.90
HSC HOSPITALS	84	775		1,020,807.18		1317.17	.011	12152.47	14.23
NON-HSC HOSPITAL TOTAL	480	1,877		2,722,793.26		1450.61	.026	5672.49	37.96
ACCOMMODATIONS	479	1,877		742,078.64		395.35	.026	1549.22	10.35
ADMINISTRATIVE DAYS	6	77		17,191.86		223.27	.001	2865.31	.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	475	1,800		724,886.78		402.71	.025	1526.08	10.11
ANCILLARIES	479	0		1,980,714.62		.00	.000	4135.10	27.62
INPATIENT CROSSOVERS	62	167		50,811.57		304.26	.002	819.54	.71
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,567	25,694		769,382.29		29.94	.358	138.20	10.73
MEDICAL	1,647	2,276		109,244.48		48.00	.032	66.33	1.52
SURGERY	468	573		28,025.18		48.91	.008	59.88	.39
PATHOLOGY	2,223	8,473		107,852.11		12.73	.118	48.52	1.50
RADIOLOGY	2,340	3,159		183,062.57		57.95	.044	78.23	2.55
ROOM USE	2,782	3,983		156,445.50		39.28	.056	56.23	2.18
CROSSOVERS/ALL OTH OUTPTNT	2,144	7,230		184,752.45		25.55	.101	86.17	2.58
@COUNTY HOSPITAL TOTAL	20	77	\$	6,279.85	\$	81.56	.001	313.99	.09
CO HOSPITAL INPATIENT TOTAL	2	4		4,346.02		1086.51	.000	2173.01	.06
HSC HOSPITALS	2	4		4,346.02		1086.51	.000	2173.01	.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	73		1,933.83		26.49	.001	101.78	.03
MEDICAL	6	12		479.24		39.94	.000	79.87	.01
SURGERY	2	3		79.25		26.42	.000	39.63	.00
PATHOLOGY	6	18		260.78		14.49	.000	43.46	.00
RADIOLOGY	2	9		187.40		20.82	.000	93.70	.00
ROOM USE	7	11		495.05		45.00	.000	70.72	.01
CROSSOVERS/ALL OTH OUTPTNT	12	20		432.11		21.61	.000	36.01	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 18,351
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								

						----- MONTHLY AVERAGE -----			
71,724 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,884	28,436	\$	4,557,514.45	\$ 160.27	.396	774.56	\$ 63.54	
COMM HOSP INPATIENT TOTAL	623	2,815		3,790,065.99	1346.38	.039	6083.57	52.84	
HSC HOSPITALS	82	771		1,016,461.16	1318.37	.011	12395.87	14.17	
NON-HSC HOSPITALS TOTAL	480	1,877		2,722,793.26	1450.61	.026	5672.49	37.96	
ACCOMMODATIONS	479	1,877		742,078.64	395.35	.026	1549.22	10.35	
ADMINISTRATIVE DAYS	6	77		17,191.86	223.27	.001	2865.31	.24	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	475	1,800		724,886.78	402.71	.025	1526.08	10.11	
ANCILLARIES	479	0		1,980,714.62	.00	.000	4135.10	27.62	

INPATIENT CROSSOVERS	62	167		50,811.57	304.26	.002	819.54	.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,550	25,621		767,448.46	29.95	.357	138.28	10.70
MEDICAL	1,641	2,264		108,765.24	48.04	.032	66.28	1.52
SURGERY	466	570		27,945.93	49.03	.008	59.97	.39
PATHOLOGY	2,217	8,455		107,591.33	12.73	.118	48.53	1.50
RADIOLOGY	2,338	3,150		182,875.17	58.06	.044	78.22	2.55
ROOM USE	2,775	3,972		155,950.45	39.26	.055	56.20	2.17
CROSSOVERS/ALL OTH OUTPTNT	2,133	7,210		184,320.34	25.56	.101	86.41	2.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	112	2,821	\$	399,252.31	\$ 141.53	.039	\$ 3564.75	\$ 5.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	112	2,821		399,252.31	141.53	.039	3564.75	5.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	614	\$	35,867.39	\$ 58.42	.009	\$ 969.39	\$.50
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	614		35,867.39	58.42	.009	969.39	.50
@REHABILITATION FACILITY	10	25	\$	1,424.90	\$ 57.00	.000	\$ 142.49	\$.02
HOSPITAL BASED	9	24		1,403.71	58.49	.000	155.97	.02
INDEPENDENT FACILITY	1	1		21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	2,655	10,817	\$	153,062.38	\$ 14.15	.151	\$ 57.65	\$ 2.13
PATHOLOGY	2,650	10,812		153,017.88	14.15	.151	57.74	2.13
XO AND OTHERS	5	5		44.50	8.90	.000	8.90	.00
@ORGANIZED OUTPATIENT CLINIC	12,267	20,858	\$	1,568,771.06	\$ 75.21	.291	\$ 127.89	\$ 21.87
CLINIC	523	1,823		50,678.70	27.80	.025	96.90	.71
SURGICENTER	101	461		16,651.07	36.12	.006	164.86	.23
HEROIN DETOX CLINIC	7	106		1,127.53	10.64	.001	161.08	.02
RURAL HEALTH CLINIC	11,734	18,468		1,500,313.76	81.24	.257	127.86	20.92

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 18,352

01/29/04

					----- MONTHLY AVERAGE -----			
71,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,972	34,700	\$ 373,685.66	\$ 10.77	.484	\$ 75.16	\$ 5.21	
DURABLE MED. EQUIP.	239	321	34,525.68	107.56	.004	144.46	.48	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	31	32	8,002.93	250.09	.000	258.16	.11	
MEDICAL TRANSPORTATION	521	7,030	95,170.32	13.54	.098	182.67	1.33	
AMBULANCES/AIR TRANS	479	4,423	65,124.36	14.72	.062	135.96	.91	
OTHER TRANS	27	2,396	9,627.46	4.02	.033	356.57	.13	
OTHER SERVICES	28	211	20,418.50	96.77	.003	729.23	.28	
ACUPUNCTURE	5	18	313.58	17.42	.000	62.72	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	102	102	10,657.50	104.49	.001	104.49	.15	
IHMC,MODEL-NF,NF,AIDS,MSSP	30	228	16,039.71	70.35	.003	534.66	.22	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	698	1,508	15,891.85	10.54	.021	22.77	.22	
PHYSICAL THERAPIST	37	128	1,976.76	15.44	.002	53.43	.03	
PORTABLE X-RAY	2	4	2.64	.66	.000	1.32	.00	
PROSTHETIST/ORTHOTISTS	132	288	20,213.46	70.19	.004	153.13	.28	

PROSTHETICS	129	284	19,867.77	69.96	.004	154.01	.28
ORTHOTICS	4	4	345.69	86.42	.000	86.42	.00
PSYCHOLOGIST	2	8	151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	110	219	12,217.00	55.79	.003	111.06	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,666	12,839	126,835.21	9.88	.179	47.58	1.77
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	559	11,975	31,687.08	2.65	.167	56.69	.44
@CALIF. CHILDREN SERVICES*	201	1,835	\$ 529,497.97	\$ 288.55	.026	\$ 2634.32	\$ 7.38
@XOVER EXCLUDING STATE HOSP**	1,512	10,569	\$ 223,396.12	\$ 21.14	.147	\$ 147.75	\$ 3.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,353
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	214	2,231	\$ 164,155.54	\$ 73.58	15.711	\$ 767.08	\$ 1156.02
@PHYSICIANS SERVICES	43	92	\$ 1,322.57	\$ 14.38	.648	\$ 30.76	\$ 9.31
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	2	15.49	7.75	.014	5.16	.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	90	1,307.08	14.52	.634	31.88	9.20
@PHARMACY	148	959	\$ 73,460.58	\$ 76.60	6.754	\$ 496.36	\$ 517.33
PRESCRIPTION DRUGS	144	666	71,658.64	107.60	4.690	497.63	504.64
SNF/ICF	23	148	6,220.64	42.03	1.042	270.46	43.81
OUTPATIENTS	121	518	65,438.00	126.33	3.648	540.81	460.83
MEDICAL SUPPLIES	18	293	1,801.94	6.15	2.063	100.11	12.69
@DENTIST	8	25	\$ 1,492.00	\$ 59.68	.176	\$ 186.50	\$ 10.51
VISITS - DIAGNOSTIC	6	23	149.00	6.48	.162	24.83	1.05
ORAL SURGERY	1	3CR	228.00CR	76.00	.021CR	228.00CR	1.61CR

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	1,571.00	392.75	.028	1571.00	11.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.007	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	13	\$ 525.89	\$ 40.45	.092	\$ 87.65	\$ 3.70
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	5	9	506.17	56.24	.063	101.23	3.56
OTHER OPTOMETRIC SERVICES	2	4	19.72	4.93	.028	9.86	.14
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	6.47	2.16	.021	3.24	.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	3	6.47	2.16	.021	3.24	.05
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	18	138	\$ 9,807.88	\$ 71.07	.972	\$ 544.88	\$ 69.07
HOSP INPATIENT TOTAL	10	92	7,665.24	83.32	.648	766.52	53.98
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	92	7,665.24	83.32	.648	766.52	53.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	46	2,142.64	46.58	.324	214.26	15.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	46	2,142.64	46.58	.324	214.26	15.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

142 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST MONTHLY AVERAGE COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	138	\$	9,807.88	\$ 71.07	.972	\$ 544.88	\$ 69.07
COMM HOSP INPATIENT TOTAL	10	92		7,665.24	83.32	.648	766.52	53.98
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	92		7,665.24	83.32	.648	766.52	53.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	46		2,142.64	46.58	.324	214.26	15.09
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	46		2,142.64	46.58	.324	214.26	15.09
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	21	515	\$	67,462.24	\$ 130.99	3.627	\$ 3212.49	\$ 475.09
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	21	515		67,462.24	130.99	3.627	3212.49	475.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	9	\$	4,485.88	\$ 498.43	.063	\$ 1495.29	\$ 31.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	9		4,485.88	498.43	.063	1495.29	31.59
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	8.93	\$ 8.93	.007	\$ 8.93	\$.06
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	1	1		8.93	8.93	.007	8.93	.06
@ORGANIZED OUTPATIENT CLINIC	25	35	\$	938.38	\$ 26.81	.246	\$ 37.54	\$ 6.61
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	35		938.38	26.81	.246	37.54	6.61

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

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01/29/04

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	41	441	\$ 4,644.72	\$ 10.53	3.106	\$ 113.29	\$ 32.71
DURABLE MED. EQUIP.	1	1	29.53	29.53	.007	29.53	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	332	2,487.78	7.49	2.338	414.63	17.52
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	298	2,463.44	8.27	2.099	615.86	17.35

OTHER SERVICES	2	34		24.34	.72	.239	12.17	.17
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	20		245.75	12.29	.141	30.72	1.73
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.50	.50	.007	.50	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	87		1,881.16	21.62	.613	67.18	13.25
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	83	536	\$	20,909.25	\$	39.01	3.775 \$	251.92 \$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,357
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	10	\$ 1,767.55	\$ 176.76	5.000	\$ 353.51	\$ 883.78
@PHYSICIANS SERVICES	1	1	\$ 44.68	\$ 44.68	.500	\$ 44.68	\$ 22.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		44.68	44.68	.500	44.68	22.34
@PHARMACY	0	0	\$	3.20CR	\$.00	.000	\$.00	\$ 1.60CR
PRESCRIPTION DRUGS	0	0		3.20CR	.00	.000	.00	1.60CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		3.20CR	.00	.000	.00	1.60CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND							

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,359
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	3	\$ 1,693.46	\$ 564.49	1.500	\$ 846.73	\$ 846.73

HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	3		1,693.46	564.49	1.500	846.73	846.73
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 18,360
MOP024				FEE-FOR-SERVICE/DENTAL				01/29/04
YUBA COUNTY				SUMMARY OF SERVICES FOR MN - SOC - BLIND				AID CODE 27

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 32.61	\$ 5.44	3.000	\$ 16.31	\$ 16.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	6	32.61	5.44	3.000	16.31	16.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 1,770.75	\$ 177.08	5.000	\$ 354.15	\$ 885.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,361
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	245	1,782	\$ 209,199.75	\$ 117.40	11.571	\$ 853.88	\$ 1358.44
@PHYSICIANS SERVICES	73	365	\$ 8,292.93	\$ 22.72	2.370	\$ 113.60	\$ 53.85
OUTPATIENT VISITS	10	12	312.53	26.04	.078	31.25	2.03
OFFICE VISITS	9	10	274.13	27.41	.065	30.46	1.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	2	38.40	19.20	.013	38.40	.25
INPATIENT VISITS	2	4	149.27	37.32	.026	74.64	.97
HOSPITAL VISITS	2	4	149.27	37.32	.026	74.64	.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	186.39	37.28	.032	46.60	1.21
EXAMINATIONS	4	5	186.39	37.28	.032	46.60	1.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	22	1,152.54	52.39	.143	230.51	7.48
PRINCIPAL SURGEON	3	4	772.44	193.11	.026	257.48	5.02

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	18	380.10	21.12	.117	190.05	2.47
OUTPATIENT SURGERY	4	15	1,150.88	76.73	.097	287.72	7.47
PRINCIPAL SURGEON	3	4	945.27	236.32	.026	315.09	6.14
ASSISTANT SURGEON	1	1	14.93	14.93	.006	14.93	.10
ANESTHESIOLOGIST	1	10	190.68	19.07	.065	190.68	1.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	196.44	98.22	.013	196.44	1.28
RADIOLOGY	14	37	1,265.34	34.20	.240	90.38	8.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	52	268	3,879.54	14.48	1.740	74.61	25.19
@PHARMACY	155	804	\$ 126,336.63	\$ 157.14	5.221	\$ 815.08	\$ 820.37
PRESCRIPTION DRUGS	152	690	124,777.15	180.84	4.481	820.90	810.24
SNF/ICF	1	3	613.41	204.47	.019	613.41	3.98
OUTPATIENTS	151	687	124,163.74	180.73	4.461	822.28	806.26
MEDICAL SUPPLIES	19	114	1,559.48	13.68	.740	82.08	10.13
@DENTIST	18	130	\$ 5,286.00	\$ 40.66	.844	\$ 293.67	\$ 34.32
VISITS - DIAGNOSTIC	13	68	687.00	10.10	.442	52.85	4.46
ORAL SURGERY	5	35	1,550.00	44.29	.227	310.00	10.06
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	19	983.00	51.74	.123	245.75	6.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	7	2,066.00	295.14	.045	516.50	13.42
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,362
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

	154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	30	\$	538.82	\$ 17.96	.195	\$ 44.90	\$ 3.50
DIAGNOSTIC AND ANC. PROCED	3	3		114.90	38.30	.019	38.30	.75
EYE APPLIANCES	11	27		423.92	15.70	.175	38.54	2.75
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	3.72	\$ 3.72	.006	\$ 3.72	\$.02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1	1		3.72	3.72	.006	3.72	.02
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	4	\$	76.60	\$ 19.15	.026	\$ 76.60	\$.50
@TOTAL HOSPITAL	42	203	\$	46,038.47	\$ 226.79	1.318	\$ 1096.15	\$ 298.95
HOSP INPATIENT TOTAL	16	39		37,983.75	973.94	.253	2373.98	246.65
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	13		31,657.42	2435.19	.084	6331.48	205.57
ACCOMMODATIONS	5	13		5,978.80	459.91	.084	1195.76	38.82

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	13	5,978.80	459.91	.084	1195.76	38.82
ANCILLARIES	5	0	25,678.62	.00	.000	5135.72	166.74
INPATIENT CROSSOVERS	11	26	6,326.33	243.32	.169	575.12	41.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	164	8,054.72	49.11	1.065	287.67	52.30
MEDICAL	8	10	442.66	44.27	.065	55.33	2.87
SURGERY	2	2	142.51	71.26	.013	71.26	.93
PATHOLOGY	7	22	193.50	8.80	.143	27.64	1.26
RADIOLOGY	8	34	1,059.15	31.15	.221	132.39	6.88
ROOM USE	7	10	388.50	38.85	.065	55.50	2.52
CROSSOVERS/ALL OTH OUTPTNT	17	86	5,828.40	67.77	.558	342.85	37.85
@COUNTY HOSPITAL TOTAL	1	3	233.58	77.86	.019	233.58	1.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	233.58	77.86	.019	233.58	1.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	233.58	77.86	.019	233.58	1.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,363
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	200	\$ 45,804.89	\$ 229.02	1.299	\$ 1117.19	\$ 297.43
COMM HOSP INPATIENT TOTAL	16	39	37,983.75	973.94	.253	2373.98	246.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	13	31,657.42	2435.19	.084	6331.48	205.57
ACCOMMODATIONS	5	13	5,978.80	459.91	.084	1195.76	38.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	13	5,978.80	459.91	.084	1195.76	38.82
ANCILLARIES	5	0	25,678.62	.00	.000	5135.72	166.74
INPATIENT CROSSOVERS	11	26	6,326.33	243.32	.169	575.12	41.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27	161	7,821.14	48.58	1.045	289.67	50.79
MEDICAL	8	10	442.66	44.27	.065	55.33	2.87
SURGERY	2	2	142.51	71.26	.013	71.26	.93
PATHOLOGY	7	22	193.50	8.80	.143	27.64	1.26
RADIOLOGY	8	34	1,059.15	31.15	.221	132.39	6.88
ROOM USE	7	10	388.50	38.85	.065	55.50	2.52
CROSSOVERS/ALL OTH OUTPTNT	16	83	5,594.82	67.41	.539	349.68	36.33
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	31	\$ 7,977.84	\$ 257.35	.201	\$ 2659.28	\$ 51.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	31		7,977.84		257.35	.201	2659.28	51.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	25	\$	9,420.26	\$	376.81	.162	554.13	61.17
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	17	25		9,420.26		376.81	.162	554.13	61.17
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	42	\$	450.17	\$	10.72	.273	75.03	2.92
PATHOLOGY	6	42		450.17		10.72	.273	75.03	2.92
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	56	\$	3,465.18	\$	61.88	.364	111.78	22.50
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	31	56		3,465.18		61.88	.364	111.78	22.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y								

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154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	91	\$ 1,313.13	\$ 14.43	.591	\$ 42.36	\$ 8.53
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	39	429.19	11.00	.253	85.84	2.79
AMBULANCES/AIR TRANS	4	25	368.41	14.74	.162	92.10	2.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	14	60.78	4.34	.091	60.78	.39
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	380.64	16.55	.149	38.06	2.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	112.36	37.45	.019	56.18	.73
PROSTHETICS	2	3	112.36	37.45	.019	56.18	.73
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	26	390.94	15.04	.169	24.43	2.54
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	86	491	\$ 28,983.01	\$ 59.03	3.188	\$ 337.01	\$ 188.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,365
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	269	2,057	\$ 209,736.41	\$ 101.96	11.428	\$ 779.69	\$ 1165.20
@PHYSICIANS SERVICES	105	459	\$ 25,821.94	\$ 56.26	2.550	\$ 245.92	\$ 143.46
OUTPATIENT VISITS	32	46	1,514.49	32.92	.256	47.33	8.41
OFFICE VISITS	27	39	1,041.55	26.71	.217	38.58	5.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	346.63	57.77	.033	86.66	1.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.006	126.31	.70

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	12	143		8,999.06	62.93	.794	749.92	49.99
HOSPITAL VISITS	11	105		4,141.41	39.44	.583	376.49	23.01
CRITICAL CARE	4	38		4,857.65	127.83	.211	1214.41	26.99
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		134.75	44.92	.017	44.92	.75
EXAMINATIONS	3	3		134.75	44.92	.017	44.92	.75
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	56		3,778.45	67.47	.311	290.65	20.99
PRINCIPAL SURGEON	6	10		2,477.97	247.80	.056	413.00	13.77
ASSISTANT SURGEON	2	2		216.68	108.34	.011	108.34	1.20
ANESTHESIOLOGIST	6	44		1,083.80	24.63	.244	180.63	6.02
OUTPATIENT SURGERY	11	43		4,403.23	102.40	.239	400.29	24.46
PRINCIPAL SURGEON	6	8		3,607.73	450.97	.044	601.29	20.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	35		795.50	22.73	.194	159.10	4.42
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	11		538.69	48.97	.061	269.35	2.99
RADIOLOGY	44	89		4,519.59	50.78	.494	102.72	25.11
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6		115.02	19.17	.033	28.76	.64
OTHER SERVICES/ALL X-OVERS	27	62		1,818.66	29.33	.344	67.36	10.10
@PHARMACY	71	185	\$	19,800.52	\$ 107.03	1.028	\$ 278.88	\$ 110.00
PRESCRIPTION DRUGS	67	174		19,312.24	110.99	.967	288.24	107.29
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	67	174		19,312.24	110.99	.967	288.24	107.29
MEDICAL SUPPLIES	7	11		488.28	44.39	.061	69.75	2.71
@DENTIST	36	191	\$	2,523.95	\$ 13.21	1.061	\$ 70.11	\$ 14.02
VISITS - DIAGNOSTIC	26	110		677.50	6.16	.611	26.06	3.76
ORAL SURGERY	9	16		134.00	8.38	.089	14.89	.74
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	6		.00	.00	.033	.00	.00
RESTORATIVE DENTISTRY	18	53		1,712.45	32.31	.294	95.14	9.51
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3		.00	.00	.017	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.017	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

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180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	23	\$ 545.65	\$ 23.72	.128	\$ 90.94	\$ 3.03
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.028	47.45	1.32
EYE APPLIANCES	6	18	308.40	17.13	.100	51.40	1.71
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.006	\$ 16.72	\$.09
VISITS	1	1	16.72	16.72	.006	16.72	.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	2	2	\$	98.97	\$	49.49	.011	\$	49.49	\$	.55
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	3	\$	87.80	\$	29.27	.017	\$	87.80	\$	.49
@TOTAL HOSPITAL	74	480	\$	147,943.67	\$	308.22	2.667	\$	1999.24	\$	821.91
HOSP INPATIENT TOTAL	13	112		138,925.41		1240.41	.622		10686.57		771.81
HSC HOSPITALS	3	87		105,678.00		1214.69	.483		35226.00		587.10
NON-HSC HOSPITAL TOTAL	10	25		33,247.41		1329.90	.139		3324.74		184.71
ACCOMMODATIONS	10	25		8,743.98		349.76	.139		874.40		48.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	25		8,743.98		349.76	.139		874.40		48.58
ANCILLARIES	10	0		24,503.43		.00	.000		2450.34		136.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	67	368		9,018.26		24.51	2.044		134.60		50.10
MEDICAL	29	48		1,765.96		36.79	.267		60.90		9.81
SURGERY	10	11		328.28		29.84	.061		32.83		1.82
PATHOLOGY	29	154		1,136.59		7.38	.856		39.19		6.31
RADIOLOGY	29	41		2,854.52		69.62	.228		98.43		15.86
ROOM USE	30	52		1,653.34		31.80	.289		55.11		9.19
CROSSOVERS/ALL OTH OUTPTNT	24	62		1,279.57		20.64	.344		53.32		7.11
@COUNTY HOSPITAL TOTAL	1	3	\$	60.38	\$	20.13	.017	\$	60.38	\$	.34
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		60.38		20.13	.017		60.38		.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		60.38		20.13	.017		60.38		.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	477	\$ 147,883.29	\$ 310.03	2.650	\$ 2025.80	\$ 821.57
COMM HOSP INPATIENT TOTAL	13	112	138,925.41	1240.41	.622	10686.57	771.81
HSC HOSPITALS	3	87	105,678.00	1214.69	.483	35226.00	587.10
NON-HSC HOSPITALS TOTAL	10	25	33,247.41	1329.90	.139	3324.74	184.71
ACCOMMODATIONS	10	25	8,743.98	349.76	.139	874.40	48.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	25	8,743.98	349.76	.139	874.40	48.58
ANCILLARIES	10	0	24,503.43	.00	.000	2450.34	136.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	66	365	8,957.88	24.54	2.028	135.73	49.77
MEDICAL	29	48	1,765.96	36.79	.267	60.90	9.81

SURGERY	10	11	328.28	29.84	.061	32.83	1.82
PATHOLOGY	28	151	1,076.21	7.13	.839	38.44	5.98
RADIOLOGY	29	41	2,854.52	69.62	.228	98.43	15.86
ROOM USE	30	52	1,653.34	31.80	.289	55.11	9.19
CROSSEOVERS/ALL OTH OUTPTNT	24	62	1,279.57	20.64	.344	53.32	7.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	27	147	\$ 1,538.29	\$ 10.46	.817	\$ 56.97	\$ 8.55
PATHOLOGY	27	147	1,538.29	10.46	.817	56.97	8.55
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	45	78	\$ 6,044.04	\$ 77.49	.433	\$ 134.31	\$ 33.58
CLINIC	1	3	74.55	24.85	.017	74.55	.41
SURGICENTER	4	5	570.42	114.08	.028	142.61	3.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	41	70	5,399.07	77.13	.389	131.68	29.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,368
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	488	\$ 5,314.86	\$ 10.89	2.711	\$ 161.06	\$ 29.53
DURABLE MED. EQUIP.	1	1	12.23	12.23	.006	12.23	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	198	4,513.90	22.80	1.100	250.77	25.08
AMBULANCES/AIR TRANS	18	197	2,713.90	13.78	1.094	150.77	15.08
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	10.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	243.17	13.51	.100	30.40	1.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.011	101.88	.57
PROSTHETICS	1	2	101.88	50.94	.011	101.88	.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	269	443.68	1.65	1.494	73.95	2.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	70	\$ 85,084.26	\$ 1215.49	.389	\$ 28361.42	\$ 472.69
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,369
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	733	6,080	\$ 584,859.25	\$ 96.19	12.720	\$ 797.90	\$ 1223.55
@PHYSICIANS SERVICES	222	917	\$ 35,482.12	\$ 38.69	1.918	\$ 159.83	\$ 74.23
OUTPATIENT VISITS	42	58	1,827.02	31.50	.121	43.50	3.82
OFFICE VISITS	36	49	1,315.68	26.85	.103	36.55	2.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	346.63	57.77	.013	86.66	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.002	126.31	.26
OTHER OUTPATIENT	1	2	38.40	19.20	.004	38.40	.08
INPATIENT VISITS	14	147	9,148.33	62.23	.308	653.45	19.14
HOSPITAL VISITS	13	109	4,290.68	39.36	.228	330.05	8.98
CRITICAL CARE	4	38	4,857.65	127.83	.079	1214.41	10.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	8	321.14	40.14	.017	45.88	.67
EXAMINATIONS	7	8	321.14	40.14	.017	45.88	.67
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	78	4,930.99	63.22	.163	273.94	10.32
PRINCIPAL SURGEON	9	14	3,250.41	232.17	.029	361.16	6.80
ASSISTANT SURGEON	2	2	216.68	108.34	.004	108.34	.45
ANESTHESIOLOGIST	8	62	1,463.90	23.61	.130	182.99	3.06
OUTPATIENT SURGERY	15	58	5,554.11	95.76	.121	370.27	11.62
PRINCIPAL SURGEON	9	12	4,553.00	379.42	.025	505.89	9.53
ASSISTANT SURGEON	1	1	14.93	14.93	.002	14.93	.03
ANESTHESIOLOGIST	6	45	986.18	21.92	.094	164.36	2.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	735.13	56.55	.027	245.04	1.54
RADIOLOGY	61	128	5,800.42	45.32	.268	95.09	12.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6	115.02	19.17	.013	28.76	.24
OTHER SERVICES/ALL X-OVERS	121	421	7,049.96	16.75	.881	58.26	14.75
@PHARMACY	374	1,948	\$ 219,594.53	\$ 112.73	4.075	\$ 587.15	\$ 459.40
PRESCRIPTION DRUGS	363	1,530	215,744.83	141.01	3.201	594.34	451.35
SNF/ICF	24	151	6,834.05	45.26	.316	284.75	14.30
OUTPATIENTS	339	1,379	208,910.78	151.49	2.885	616.26	437.05
MEDICAL SUPPLIES	44	418	3,849.70	9.21	.874	87.49	8.05
@DENTIST	62	346	\$ 9,301.95	\$ 26.88	.724	\$ 150.03	\$ 19.46
VISITS - DIAGNOSTIC	45	201	1,513.50	7.53	.421	33.63	3.17
ORAL SURGERY	15	48	1,456.00	30.33	.100	97.07	3.05
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	6	.00	.00	.013	.00	.00

RESTORATIVE DENTISTRY	22	72	2,695.45	37.44	.151	122.52	5.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	11	3,637.00	330.64	.023	727.40	7.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	.00	.00	.006	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.010	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	24	66	\$	1,610.36	\$ 24.40	.138 \$ 67.10 \$ 3.37
DIAGNOSTIC AND ANC. PROCED	8	8		352.15	44.02	.017 44.02 .74

EYE APPLIANCES	22	54		1,238.49	22.94	.113	56.30	2.59
OTHER OPTOMETRIC SERVICES	2	4		19.72	4.93	.008	9.86	.04
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.002	\$ 16.72	\$.03
VISITS	1	1		16.72	16.72	.002	16.72	.03
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	4	\$	10.19	\$ 2.55	.008	\$ 3.40	\$.02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	4		10.19	2.55	.008	3.40	.02
@HOME HEALTH AGENCY	2	2	\$	98.97	\$ 49.49	.004	\$ 49.49	\$.21
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	7	\$	164.40	\$ 23.49	.015	\$ 82.20	\$.34
@TOTAL HOSPITAL	134	821	\$	203,790.02	\$ 248.22	1.718	\$ 1520.82	\$ 426.34
HOSP INPATIENT TOTAL	39	243		184,574.40	759.57	.508	4732.68	386.14
HSC HOSPITALS	3	87		105,678.00	1214.69	.182	35226.00	221.08
NON-HSC HOSPITAL TOTAL	15	38		64,904.83	1708.02	.079	4326.99	135.78
ACCOMMODATIONS	15	38		14,722.78	387.44	.079	981.52	30.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	38		14,722.78	387.44	.079	981.52	30.80
ANCILLARIES	15	0		50,182.05	.00	.000	3345.47	104.98
INPATIENT CROSSOVERS	21	118		13,991.57	118.57	.247	666.27	29.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	105	578		19,215.62	33.25	1.209	183.01	40.20
MEDICAL	37	58		2,208.62	38.08	.121	59.69	4.62
SURGERY	12	13		470.79	36.21	.027	39.23	.98
PATHOLOGY	36	176		1,330.09	7.56	.368	36.95	2.78
RADIOLOGY	37	75		3,913.67	52.18	.157	105.77	8.19
ROOM USE	37	62		2,041.84	32.93	.130	55.18	4.27
CROSSOVERS/ALL OTH OUTPTNT	51	194		9,250.61	47.68	.406	181.38	19.35
@COUNTY HOSPITAL TOTAL	2	6	\$	293.96	\$ 48.99	.013	\$ 146.98	\$.61
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6		293.96	48.99	.013	146.98	.61
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		60.38	20.13	.006	60.38	.13
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		233.58	77.86	.006	233.58	.49

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132		815	\$ 203,496.06	\$ 249.69	1.705	\$ 1541.64	\$ 425.72
COMM HOSP INPATIENT TOTAL	39		243	184,574.40	759.57	.508	4732.68	386.14
HSC HOSPITALS	3		87	105,678.00	1214.69	.182	35226.00	221.08

NON-HSC HOSPITALS TOTAL	15	38		64,904.83	1708.02	.079	4326.99	135.78
ACCOMMODATIONS	15	38		14,722.78	387.44	.079	981.52	30.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	38		14,722.78	387.44	.079	981.52	30.80
ANCILLARIES	15	0		50,182.05	.00	.000	3345.47	104.98
INPATIENT CROSSOVERS	21	118		13,991.57	118.57	.247	666.27	29.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	103	572		18,921.66	33.08	1.197	183.71	39.59
MEDICAL	37	58		2,208.62	38.08	.121	59.69	4.62
SURGERY	12	13		470.79	36.21	.027	39.23	.98
PATHOLOGY	35	173		1,269.71	7.34	.362	36.28	2.66
RADIOLOGY	37	75		3,913.67	52.18	.157	105.77	8.19
ROOM USE	37	62		2,041.84	32.93	.130	55.18	4.27
CROSSOVERS/ALL OTH OUTPTNT	50	191		9,017.03	47.21	.400	180.34	18.86
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	546	\$	75,440.08	\$ 138.17	1.142	\$ 3143.34	\$ 157.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	24	546		75,440.08	138.17	1.142	3143.34	157.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	22	37	\$	15,599.60	\$ 421.61	.077	\$ 709.07	\$ 32.64
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	37		15,599.60	421.61	.077	709.07	32.64
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	34	190	\$	1,997.39	\$ 10.51	.397	\$ 58.75	\$ 4.18
PATHOLOGY	33	189		1,988.46	10.52	.395	60.26	4.16
XO AND OTHERS	1	1		8.93	8.93	.002	8.93	.02
@ORGANIZED OUTPATIENT CLINIC	101	169	\$	10,447.60	\$ 61.82	.354	\$ 103.44	\$ 21.86
CLINIC	1	3		74.55	24.85	.006	74.55	.16
SURGICENTER	4	5		570.42	114.08	.010	142.61	1.19
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	97	161		9,802.63	60.89	.337	101.06	20.51

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - TOTAL
PAGE 18,372
01/29/04

478 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	107	1,026	\$ 11,305.32	\$ 11.02	2.146	\$ 105.66	\$ 23.65
DURABLE MED. EQUIP.	2	2	41.76	20.88	.004	20.88	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	569	7,430.87	13.06	1.190	256.24	15.55
AMBULANCES/AIR TRANS	22	222	3,082.31	13.88	.464	140.11	6.45
OTHER TRANS	4	298	2,463.44	8.27	.623	615.86	5.15
OTHER SERVICES	4	49	1,885.12	38.47	.103	471.28	3.94
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	26	61		869.56	14.26	.128	33.44	1.82
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	3	5		214.24	42.85	.010	71.41	.45
PROSTHETICS	3	5		214.24	42.85	.010	71.41	.45
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	269		443.68	1.65	.563	73.95	.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	46	119		2,304.71	19.37	.249	50.10	4.82
@CALIF. CHILDREN SERVICES*	3	70	\$	85,084.26	\$ 1215.49	.146	\$ 28361.42	\$ 178.00
@XOVER EXCLUDING STATE HOSP**	174	1,037	\$	51,663.01	\$ 49.82	2.169	\$ 296.91	\$ 108.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,373
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

1,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,258	92,103	\$ 4,109,974.91	\$ 44.62	71.787	\$ 3267.07	\$ 3203.41
@PHYSICIANS SERVICES	183	459	\$ 3,782.45	\$ 8.24	.358	\$ 20.67	\$ 2.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.00	.00	.001	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	183	458	3,782.45	8.26	.357	20.67	2.95
@PHARMACY	911	30,134	\$ 342,706.08	\$ 11.37	23.487	\$ 376.19	\$ 267.11
PRESCRIPTION DRUGS	900	6,018	334,517.94	55.59	4.691	371.69	260.73

SNF/ICF	884	5,947		332,553.09		55.92	4.635	376.19	259.20
OUTPATIENTS	17	71		1,964.85		27.67	.055	115.58	1.53
MEDICAL SUPPLIES	57	24,116		8,188.14		.34	18.797	143.65	6.38
@DENTIST	122	280	\$	6,902.00	\$	24.65	.218	56.57	5.38
VISITS - DIAGNOSTIC	120	270		3,942.00		14.60	.210	32.85	3.07
ORAL SURGERY	1	1		45.00		45.00	.001	45.00	.04
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	9		2,915.00		323.89	.007	485.83	2.27
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,374
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

1,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	44	\$ 754.82	\$ 17.16	.034	\$ 50.32	\$.59
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	15	44	754.82	17.16	.034	50.32	.59
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	41	52	\$ 340.95	\$ 6.56	.041	\$ 8.32	\$.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	41	52	340.95	6.56	.041	8.32	.27
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	41	148	\$ 23,688.46	\$ 160.06	.115	\$ 577.77	\$ 18.46
HOSP INPATIENT TOTAL	30	106	22,695.22	214.11	.083	756.51	17.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	.00	.00	.002	.00	.00
ACCOMMODATIONS	1	3	.00	.00	.002	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	.00	.00	.002	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	103	22,695.22	220.34	.080	782.59	17.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	42	993.24	23.65	.033	70.95	.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	14	42	993.24	23.65	.033	70.95	.77
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

1,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	41	148	\$ 23,688.46	\$ 160.06	.115	\$	577.77	\$ 18.46
COMM HOSP INPATIENT TOTAL	30	106	22,695.22	214.11	.083		756.51	17.69
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	1	3	.00	.00	.002		.00	.00
ACCOMMODATIONS	1	3	.00	.00	.002		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	3	.00	.00	.002		.00	.00
ANCILLARIES	1	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	29	103	22,695.22	220.34	.080		782.59	17.69
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	14	42	993.24	23.65	.033		70.95	.77
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	14	42	993.24	23.65	.033		70.95	.77
@STATE HOSPITAL	12	365	\$ 188,665.98	\$ 516.89	.284	\$	15722.17	\$ 147.05
MENTALLY ILL	12	365	188,665.98	516.89	.284		15722.17	147.05
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	1,101	32,978	\$ 3,446,214.45	\$ 104.50	25.704	\$	3130.08	\$ 2686.06
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	11	334	35,481.20	106.23	.260		3225.56	27.65
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	1,090	32,644	3,410,733.25	104.48	25.443		3129.11	2658.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$	.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	22	32	\$ 19,383.84	\$ 605.75	.025	\$	881.08	\$ 15.11
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	22	32	19,383.84	605.75	.025		881.08	15.11
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	1	4	\$ 77.15	\$ 19.29	.003	\$	77.15	\$.06
PATHOLOGY	0	0	.00	.00	.000		.00	.00
XO AND OTHERS	1	4	77.15	19.29	.003		77.15	.06
@ORGANIZED OUTPATIENT CLINIC	21	36	\$ 910.32	\$ 25.29	.028	\$	43.35	\$.71
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	21	36	910.32	25.29	.028		43.35	.71

1,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	183	27,571	\$ 76,548.41	\$ 2.78	21.489	\$	418.30	\$ 59.66

DURABLE MED. EQUIP.	7	95	5,147.32	54.18	.074	735.33	4.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	16	8,450.15	528.13	.012	563.34	6.59
MEDICAL TRANSPORTATION	75	9,652	30,173.06	3.13	7.523	402.31	23.52
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	53	9,432	29,127.86	3.09	7.352	549.58	22.70
OTHER SERVICES	23	220	1,045.20	4.75	.171	45.44	.81
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	33	393.05	11.91	.026	28.08	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	19	32	115.95	3.62	.025	6.10	.09
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	41	3,018.13	73.61	.032	188.63	2.35
HOSPICE SERVICES	12	218	24,104.47	110.57	.170	2008.71	18.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	17,484	5,146.28	.29	13.627	135.43	4.01
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	402	35,603	138,621.47	3.89	27.750	344.83	108.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,377
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND	AID CODE 23

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	8	210	\$ 21,075.54	\$ 100.36	21.000	\$ 2634.44	\$ 2107.55
@PHYSICIANS SERVICES	4	6	\$ 71.54	\$ 11.92	.600	\$ 17.89	\$ 7.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	6		71.54		11.92	.600	17.89	7.15
@PHARMACY	6	44	\$	2,121.69	\$	48.22	4.400	353.62	212.17
PRESCRIPTION DRUGS	6	44		2,121.69		48.22	4.400	353.62	212.17
SNF/ICF	6	42		2,145.92		51.09	4.200	357.65	214.59
OUTPATIENTS	0	2		24.23CR		12.12CR	.200	.00	2.42CR
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,378
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,379
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	159	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	6	159		17,820.49	112.08	15.900	2970.08	1782.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,380
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 1,061.82	\$ 1061.82	.100	\$ 1061.82	\$ 106.18
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,061.82	1061.82	.100	1061.82	106.18
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	6	\$ 1,856.49	\$ 309.42	.600	\$ 371.30	\$ 185.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,381
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	115	5,068	\$ 608,029.19	\$ 119.97	46.073	\$ 5287.21	\$ 5527.54
@PHYSICIANS SERVICES	31	160	\$ 6,860.57	\$ 42.88	1.455	\$ 221.31	\$ 62.37
OUTPATIENT VISITS	3	3	224.78	74.93	.027	74.93	2.04
OFFICE VISITS	2	2	116.70	58.35	.018	58.35	1.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.009	108.08	.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	81	3,425.31	42.29	.736	285.44	31.14
HOSPITAL VISITS	7	43	1,890.31	43.96	.391	270.04	17.18
CRITICAL CARE	1	1	121.60	121.60	.009	121.60	1.11

SNF/ICF/TRANS IP CARE	9	37		1,413.40	38.20	.336	157.04	12.85
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	9		2,118.77	235.42	.082	423.75	19.26
PRINCIPAL SURGEON	5	9		2,118.77	235.42	.082	423.75	19.26
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2		252.93	126.47	.018	126.47	2.30
PRINCIPAL SURGEON	2	2		252.93	126.47	.018	126.47	2.30
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	6	25		354.62	14.18	.227	59.10	3.22
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	40		484.16	12.10	.364	22.01	4.40
@PHARMACY	92	1,862	\$	57,580.54	\$ 30.92	16.927	\$ 625.88	\$ 523.46
PRESCRIPTION DRUGS	92	692		56,768.30	82.04	6.291	617.05	516.08
SNF/ICF	85	637		50,323.88	79.00	5.791	592.05	457.49
OUTPATIENTS	8	55		6,444.42	117.17	.500	805.55	58.59
MEDICAL SUPPLIES	2	1,170		812.24	.69	10.636	406.12	7.38
@DENTIST	11	51	\$	2,438.00	\$ 47.80	.464	\$ 221.64	\$ 22.16
VISITS - DIAGNOSTIC	9	35		430.00	12.29	.318	47.78	3.91
ORAL SURGERY	1	11		568.00	51.64	.100	568.00	5.16
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.009	200.00	1.82
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2		340.00	170.00	.018	170.00	3.09
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.018	900.00	8.18
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,382
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 149.07	\$ 16.56	.082	\$ 49.69	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	9	149.07	16.56	.082	49.69	1.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	9	\$ 138.62	\$ 15.40	.082	\$ 17.33	\$ 1.26
MEDICINE/INJECTIONS	3	3	100.60	33.53	.027	33.53	.91
SURGERY/ANES.	1	1	32.02	32.02	.009	32.02	.29
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	6.00	1.20	.045	1.50	.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	11	55	\$	29,143.04	\$	529.87	.500	\$	2649.37	\$	264.94
HOSP INPATIENT TOTAL	7	36		28,830.00		800.83	.327		4118.57		262.09
HSC HOSPITALS	5	30		27,150.00		905.00	.273		5430.00		246.82
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	6		1,680.00		280.00	.055		840.00		15.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	19		313.04		16.48	.173		78.26		2.85
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	19		313.04		16.48	.173		78.26		2.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,383
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63										

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	55	\$ 29,143.04	\$ 529.87	.500	\$ 2649.37	\$ 264.94
COMM HOSP INPATIENT TOTAL	7	36	28,830.00	800.83	.327	4118.57	262.09
HSC HOSPITALS	5	30	27,150.00	905.00	.273	5430.00	246.82
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.055	840.00	15.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	19	313.04	16.48	.173	78.26	2.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	4	19		313.04		16.48	.173	78.26	2.85
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	47	1,364	\$	302,557.66	\$	221.82	12.400	\$ 6437.40	\$ 2750.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,260.83		105.19	.282	3260.83	29.64
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	338		190,228.31		562.81	3.073	19022.83	1729.35
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	36	995		109,068.52		109.62	9.045	3029.68	991.53
@INTERMEDIATE CARE FACIL.-DD	42	1,323	\$	201,700.69	\$	152.46	12.027	\$ 4802.40	\$ 1833.64
ICF DDH	18	593		79,373.99		133.85	5.391	4409.67	721.58
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	24	730		122,326.70		167.57	6.636	5096.95	1112.06
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$	131.08	\$	26.22	.045	\$ 43.69	\$ 1.19
PATHOLOGY	3	5		131.08		26.22	.045	43.69	1.19
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	45.39CR	\$	.00	.000	\$.00	\$.41CR
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		45.39CR		.00	.000	.00	.41CR

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,384
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	230	\$ 7,375.31	\$ 32.07	2.091	\$ 216.92	\$ 67.05
DURABLE MED. EQUIP.	7	110	5,464.13	49.67	1.000	780.59	49.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	100	1,445.83	14.46	.909	80.32	13.14
AMBULANCES/AIR TRANS	8	26	1,020.55	39.25	.236	127.57	9.28
OTHER TRANS	6	51	278.87	5.47	.464	46.48	2.54
OTHER SERVICES	5	23	146.41	6.37	.209	29.28	1.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	82.20	10.28	.073	20.55	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	325.66	40.71	.073	108.55	2.96
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	4	57.49	14.37	.036	14.37	.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	38	86	\$ 7,580.69	\$ 88.15	.782	\$ 199.49	\$ 68.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,385
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 18,386

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00
OTHER	0	0		.00		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
YUBA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 18,388
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,389
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

1,403 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,381	97,381	\$ 4,739,079.64	\$ 48.67	69.409	\$ 3431.63	\$ 3377.82
@PHYSICIANS SERVICES	218	625	\$ 10,714.56	\$ 17.14	.445	\$ 49.15	\$ 7.64
OUTPATIENT VISITS	3	3	224.78	74.93	.002	74.93	.16
OFFICE VISITS	2	2	116.70	58.35	.001	58.35	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	81	3,425.31	42.29	.058	285.44	2.44
HOSPITAL VISITS	7	43	1,890.31	43.96	.031	270.04	1.35
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.09
SNF/ICF/TRANS IP CARE	9	37	1,413.40	38.20	.026	157.04	1.01
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	9	2,118.77	235.42	.006	423.75	1.51
PRINCIPAL SURGEON	5	9	2,118.77	235.42	.006	423.75	1.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	252.93	126.47	.001	126.47	.18
PRINCIPAL SURGEON	2	2	252.93	126.47	.001	126.47	.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.00	.00	.001	.00	.00
RADIOLOGY	6	25	354.62	14.18	.018	59.10	.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	209	504	4,338.15	8.61	.359	20.76	3.09
@PHARMACY	1,009	32,040	\$ 402,408.31	\$ 12.56	22.837	\$ 398.82	\$ 286.82
PRESCRIPTION DRUGS	998	6,754	393,407.93	58.25	4.814	394.20	280.40
SNF/ICF	975	6,626	385,022.89	58.11	4.723	394.90	274.43
OUTPATIENTS	25	128	8,385.04	65.51	.091	335.40	5.98
MEDICAL SUPPLIES	59	25,286	9,000.38	.36	18.023	152.55	6.42
@DENTIST	133	331	\$ 9,340.00	\$ 28.22	.236	\$ 70.23	\$ 6.66

VISITS - DIAGNOSTIC	129	305	4,372.00	14.33	.217	33.89	3.12
ORAL SURGERY	2	12	613.00	51.08	.009	306.50	.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.14
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	340.00	170.00	.001	170.00	.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	11	3,815.00	346.82	.008	545.00	2.72
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,390
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

1,403 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	53	\$ 903.89	\$ 17.05	.038	\$ 50.22	\$.64
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	18	53	903.89	17.05	.038	50.22	.64
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	49	61	\$ 479.57	\$ 7.86	.043	\$ 9.79	\$.34
MEDICINE/INJECTIONS	3	3	100.60	33.53	.002	33.53	.07
SURGERY/ANES.	1	1	32.02	32.02	.001	32.02	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	45	57	346.95	6.09	.041	7.71	.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	52	203	\$ 52,831.50	\$ 260.25	.145	\$ 1015.99	\$ 37.66
HOSP INPATIENT TOTAL	37	142	51,525.22	362.85	.101	1392.57	36.73
HSC HOSPITALS	5	30	27,150.00	905.00	.021	5430.00	19.35
NON-HSC HOSPITAL TOTAL	1	3	.00	.00	.002	.00	.00
ACCOMMODATIONS	1	3	.00	.00	.002	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	.00	.00	.002	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	109	24,375.22	223.63	.078	786.30	17.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	61	1,306.28	21.41	.043	72.57	.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	61	1,306.28	21.41	.043	72.57	.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

1,403 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	203	\$ 52,831.50	\$ 260.25	.145	\$ 1015.99	\$ 37.66
COMM HOSP INPATIENT TOTAL	37	142	51,525.22	362.85	.101	1392.57	36.73
HSC HOSPITALS	5	30	27,150.00	905.00	.021	5430.00	19.35
NON-HSC HOSPITALS TOTAL	1	3	.00	.00	.002	.00	.00
ACCOMMODATIONS	1	3	.00	.00	.002	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	.00	.00	.002	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	109	24,375.22	223.63	.078	786.30	17.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	61	1,306.28	21.41	.043	72.57	.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	61	1,306.28	21.41	.043	72.57	.93
@STATE HOSPITAL	12	365	\$ 188,665.98	\$ 516.89	.260	\$ 15722.17	\$ 134.47
MENTALLY ILL	12	365	188,665.98	516.89	.260	15722.17	134.47
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,154	34,501	\$ 3,766,592.60	\$ 109.17	24.591	\$ 3263.95	\$ 2684.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12	365	38,742.03	106.14	.260	3228.50	27.61
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	338	190,228.31	562.81	.241	19022.83	135.59
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,132	33,798	3,537,622.26	104.67	24.090	3125.11	2521.47
@INTERMEDIATE CARE FACIL.-DD	42	1,323	\$ 201,700.69	\$ 152.46	.943	\$ 4802.40	\$ 143.76
ICF DDH	18	593	79,373.99	133.85	.423	4409.67	56.57
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	24	730	122,326.70	167.57	.520	5096.95	87.19
@HEMODIALYSIS TOTAL	22	32	\$ 19,383.84	\$ 605.75	.023	\$ 881.08	\$ 13.82
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	32	19,383.84	605.75	.023	881.08	13.82
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	9	\$ 208.23	\$ 23.14	.006	\$ 52.06	\$.15
PATHOLOGY	3	5	131.08	26.22	.004	43.69	.09
XO AND OTHERS	1	4	77.15	19.29	.003	77.15	.05
@ORGANIZED OUTPATIENT CLINIC	21	36	\$ 864.93	\$ 24.03	.026	\$ 41.19	\$.62
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	36	864.93	24.03	.026	41.19	.62

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 18,392
01/29/04

1,403 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	218	27,802	\$ 84,985.54	\$ 3.06	19.816	\$ 389.84	\$ 60.57
DURABLE MED. EQUIP.	14	205	10,611.45	51.76	.146	757.96	7.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	16	17	9,511.97	559.53	.012	594.50	6.78
MEDICAL TRANSPORTATION	93	9,752	31,618.89	3.24	6.951	339.99	22.54

AMBULANCES/AIR TRANS	8	26	1,020.55	39.25	.019	127.57	.73
OTHER TRANS	59	9,483	29,406.73	3.10	6.759	498.42	20.96
OTHER SERVICES	28	243	1,191.61	4.90	.173	42.56	.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	475.25	11.59	.029	26.40	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	19	32	115.95	3.62	.023	6.10	.08
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	19	49	3,343.79	68.24	.035	175.99	2.38
HOSPICE SERVICES	12	218	24,104.47	110.57	.155	2008.71	17.18
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	42	17,488	5,203.77	.30	12.465	123.90	3.71
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	445	35,695	\$ 148,058.65	\$ 4.15	25.442	\$ 332.72	\$ 105.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,393
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED	

	4,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,665	117,745	\$	5,342,501.23	\$ 45.37	27.205	\$ 1457.71	\$ 1234.40
@PHYSICIANS SERVICES	745	2,039	\$	38,935.31	\$ 19.10	.471	\$ 52.26	\$ 9.00
OUTPATIENT VISITS	39	50		1,860.24	37.20	.012	47.70	.43
OFFICE VISITS	38	48		1,747.29	36.40	.011	45.98	.40
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2		112.95	56.48	.000	112.95	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	6	59		3,550.16	60.17	.014	591.69	.82
HOSPITAL VISITS	6	41		1,800.26	43.91	.009	300.04	.42
CRITICAL CARE	3	18		1,749.90	97.22	.004	583.30	.40
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	11		568.37	51.67	.003	63.15	.13
EXAMINATIONS	9	11		568.37	51.67	.003	63.15	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19		1,146.30	60.33	.004	286.58	.26
PRINCIPAL SURGEON	4	6		723.75	120.63	.001	180.94	.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13		422.55	32.50	.003	211.28	.10
OUTPATIENT SURGERY	8	13		2,518.61	193.74	.003	314.83	.58
PRINCIPAL SURGEON	7	7		2,358.62	336.95	.002	336.95	.54
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		159.99	26.67	.001	159.99	.04
DIALYSIS	4	14		889.16	63.51	.003	222.29	.21
PATHOLOGY	5	29		72.27	2.49	.007	14.45	.02

RADIOLOGY	28	66		2,337.20		35.41	.015	83.47	.54
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	678	1,778		25,993.00		14.62	.411	38.34	6.01
@PHARMACY	2,822	40,899	\$	933,942.10	\$	22.84	9.450	\$ 330.95	\$ 215.79
PRESCRIPTION DRUGS	2,792	13,269		913,558.34		68.85	3.066	327.21	211.08
SNF/ICF	974	6,502		357,335.59		54.96	1.502	366.87	82.56
OUTPATIENTS	1,822	6,767		556,222.75		82.20	1.564	305.28	128.52
MEDICAL SUPPLIES	209	27,630		20,383.76		.74	6.384	97.53	4.71
@DENTIST	236	721	\$	32,496.00	\$	45.07	.167	\$ 137.69	\$ 7.51
VISITS - DIAGNOSTIC	183	474		6,788.00		14.32	.110	37.09	1.57
ORAL SURGERY	24	95		3,854.00		40.57	.022	160.58	.89
DRUGS	1	1		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	10	10		1,436.00		143.60	.002	143.60	.33
ENDODONTICS	5	7		1,515.00		216.43	.002	303.00	.35
RESTORATIVE DENTISTRY	22	55		3,847.00		69.95	.013	174.86	.89
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	32	78		15,056.00		193.03	.018	470.50	3.48
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 18,394
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

4,328 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	79		197	\$ 4,252.09	\$ 21.58	.046	\$ 53.82	\$.98
DIAGNOSTIC AND ANC. PROCED	8		8	327.29	40.91	.002	40.91	.08
EYE APPLIANCES	62		172	3,352.29	19.49	.040	54.07	.77
OTHER OPTOMETRIC SERVICES	16		17	572.51	33.68	.004	35.78	.13
@CHIROPRACTOR	4		6	\$ 98.14	\$ 16.36	.001	\$ 24.54	\$.02
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	4		6	98.14	16.36	.001	24.54	.02
@PODIATRIST	58		79	\$ 713.79	\$ 9.04	.018	\$ 12.31	\$.16
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	58		79	713.79	9.04	.018	12.31	.16
@HOME HEALTH AGENCY	1		4	\$ 299.44	\$ 74.86	.001	\$ 299.44	\$.07
NURSE ANESTHESIST	1		3	\$ 71.85	\$ 23.95	.001	\$ 71.85	\$.02
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	240		1,022	\$ 172,826.75	\$ 169.11	.236	\$ 720.11	\$ 39.93
HOSP INPATIENT TOTAL	84		349	151,120.30	433.01	.081	1799.05	34.92
HSC HOSPITALS	1		4	3,900.00	975.00	.001	3900.00	.90
NON-HSC HOSPITAL TOTAL	4		50	84,137.81	1682.76	.012	21034.45	19.44
ACCOMMODATIONS	4		50	22,256.69	445.13	.012	5564.17	5.14
ADMINISTRATIVE DAYS	1		10	2,216.40	221.64	.002	2216.40	.51
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4		40	20,040.29	501.01	.009	5010.07	4.63
ANCILLARIES	4		0	61,881.12	.00	.000	15470.28	14.30
INPATIENT CROSSOVERS	79		295	63,082.49	213.84	.068	798.51	14.58
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168		673	21,706.45	32.25	.155	129.21	5.02
MEDICAL	13		26	952.51	36.64	.006	73.27	.22

SURGERY	4	5	373.80	74.76	.001	93.45	.09
PATHOLOGY	15	55	595.61	10.83	.013	39.71	.14
RADIOLOGY	19	27	1,775.11	65.74	.006	93.43	.41
ROOM USE	12	20	1,122.37	56.12	.005	93.53	.26
CROSSOVERS/ALL OTH OUTPTNT	142	540	16,887.05	31.27	.125	118.92	3.90
@COUNTY HOSPITAL TOTAL	2	11	257.66	23.42	.003	128.83	.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	11	257.66	23.42	.003	128.83	.06
MEDICAL	2	4	76.83	19.21	.001	38.42	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.40	4.40	.000	4.40	.00
RADIOLOGY	1	1	24.39	24.39	.000	24.39	.01
ROOM USE	2	4	139.76	34.94	.001	69.88	.03
CROSSOVERS/ALL OTH OUTPTNT	1	1	12.28	12.28	.000	12.28	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,395
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	4,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	1,011	\$	172,569.09	\$ 170.69	.234	\$ 725.08	\$ 39.87
COMM HOSP INPATIENT TOTAL	84	349		151,120.30	433.01	.081	1799.05	34.92
HSC HOSPITALS	1	4		3,900.00	975.00	.001	3900.00	.90
NON-HSC HOSPITALS TOTAL	4	50		84,137.81	1682.76	.012	21034.45	19.44
ACCOMMODATIONS	4	50		22,256.69	445.13	.012	5564.17	5.14
ADMINISTRATIVE DAYS	1	10		2,216.40	221.64	.002	2216.40	.51
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	40		20,040.29	501.01	.009	5010.07	4.63
ANCILLARIES	4	0		61,881.12	.00	.000	15470.28	14.30
INPATIENT CROSSOVERS	79	295		63,082.49	213.84	.068	798.51	14.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	662		21,448.79	32.40	.153	129.21	4.96
MEDICAL	11	22		875.68	39.80	.005	79.61	.20
SURGERY	4	5		373.80	74.76	.001	93.45	.09
PATHOLOGY	14	54		591.21	10.95	.012	42.23	.14
RADIOLOGY	18	26		1,750.72	67.34	.006	97.26	.40
ROOM USE	10	16		982.61	61.41	.004	98.26	.23
CROSSOVERS/ALL OTH OUTPTNT	141	539		16,874.77	31.31	.125	119.68	3.90
@STATE HOSPITAL	12	365	\$	188,665.98	\$ 516.89	.084	\$ 15722.17	\$ 43.59
MENTALLY ILL	12	365		188,665.98	516.89	.084	15722.17	43.59
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,190	35,319	\$	3,786,774.43	\$ 107.22	8.161	\$ 3182.16	\$ 874.95
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	11	334		35,481.20	106.23	.077	3225.56	8.20
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,179	34,985		3,751,293.23	107.23	8.083	3181.76	866.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	33	127	\$	29,997.21	\$ 236.20	.029	\$ 909.01	\$ 6.93
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	127		29,997.21	236.20	.029	909.01	6.93
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	31	143	\$	1,920.19	\$ 13.43	.033	\$ 61.94	\$.44
PATHOLOGY	26	135		1,807.42	13.39	.031	69.52	.42
XO AND OTHERS	5	8		112.77	14.10	.002	22.55	.03
@ORGANIZED OUTPATIENT CLINIC	530	964	\$	34,850.18	\$ 36.15	.223	\$ 65.76	\$ 8.05
CLINIC	1	2		22.94	11.47	.000	22.94	.01
SURGICENTER	12	18		2,097.50	116.53	.004	174.79	.48
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	518	944		32,729.74	34.67	.218	63.18	7.56

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,396

4,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	568	35,857	\$ 116,657.77	\$ 3.25	8.285	\$ 205.38	\$ 26.95
DURABLE MED. EQUIP.	22	112	6,028.94	53.83	.026	274.04	1.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	29	12,110.27	417.60	.007	432.51	2.80
MEDICAL TRANSPORTATION	106	11,445	39,148.96	3.42	2.644	369.33	9.05
AMBULANCES/AIR TRANS	3	9	413.60	45.96	.002	137.87	.10
OTHER TRANS	74	11,079	37,495.85	3.38	2.560	506.70	8.66
OTHER SERVICES	30	357	1,239.51	3.47	.082	41.32	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	19	99	8,955.57	90.46	.023	471.35	2.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	78	177	2,288.62	12.93	.041	29.34	.53
PHYSICAL THERAPIST	2	12	120.48	10.04	.003	60.24	.03
PORTABLE X-RAY	22	37	119.09	3.22	.009	5.41	.03
PROSTHETIST/ORTHOTISTS	10	13	355.21	27.32	.003	35.52	.08
PROSTHETICS	10	13	355.21	27.32	.003	35.52	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	50	4,502.68	90.05	.012	214.41	1.04
HOSPICE SERVICES	12	218	24,104.47	110.57	.050	2008.71	5.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	298	23,665	18,923.48	.80	5.468	63.50	4.37
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,223	40,916	\$ 274,302.69	\$ 6.70	9.454	\$ 224.29	\$ 63.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	38	1,049	\$ 32,604.99	\$ 31.08	22.319	\$ 858.03	\$ 693.72
@PHYSICIANS SERVICES	11	33	\$ 3,306.68	\$ 100.20	.702	\$ 300.61	\$ 70.35
OUTPATIENT VISITS	3	6	162.06	27.01	.128	54.02	3.45
OFFICE VISITS	3	6	162.06	27.01	.128	54.02	3.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.043	46.44	1.98
EXAMINATIONS	2	2	92.88	46.44	.043	46.44	1.98
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9		2,562.58	284.73	.191	640.65	54.52
PRINCIPAL SURGEON	2	3		2,172.00	724.00	.064	1086.00	46.21
ASSISTANT SURGEON	1	1		244.60	244.60	.021	244.60	5.20
ANESTHESIOLOGIST	1	5		145.98	29.20	.106	145.98	3.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	5		18.70	3.74	.106	6.23	.40
RADIOLOGY	1	3		347.74	115.91	.064	347.74	7.40
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	8		122.72	15.34	.170	20.45	2.61
@PHARMACY	26	512	\$	6,309.61	\$ 12.32	10.894	\$ 242.68	\$ 134.25
PRESCRIPTION DRUGS	22	100		5,217.81	52.18	2.128	237.17	111.02
SNF/ICF	6	42		2,145.92	51.09	.894	357.65	45.66
OUTPATIENTS	16	58		3,071.89	52.96	1.234	191.99	65.36
MEDICAL SUPPLIES	12	412		1,091.80	2.65	8.766	90.98	23.23
@DENTIST	2	12	\$	114.00	\$ 9.50	.255	\$ 57.00	\$ 2.43
VISITS - DIAGNOSTIC	1	6		.00	.00	.128	.00	.00
ORAL SURGERY	1	3		.00	.00	.064	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3		114.00	38.00	.064	114.00	2.43
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,398
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.021	\$ 16.72	\$.36
VISITS	1	1	16.72	16.72	.021	16.72	.36
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4	\$ 149.68	\$ 37.42	.085	\$ 149.68	\$ 3.18
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	5	\$ 409.05	\$ 81.81	.106	\$ 204.53	\$ 8.70
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	409.05	81.81	.106	204.53	8.70
MEDICAL	1	1	18.29	18.29	.021	18.29	.39
SURGERY	1	1	203.94	203.94	.021	203.94	4.34
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	23.51	23.51	.021	23.51	.50
ROOM USE	1	2	163.31	81.66	.043	163.31	3.47
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,399
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

	47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5	\$	409.05	\$ 81.81	.106	\$ 204.53	\$ 8.70
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5		409.05	81.81	.106	204.53	8.70
MEDICAL	1	1		18.29	18.29	.021	18.29	.39
SURGERY	1	1		203.94	203.94	.021	203.94	4.34
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		23.51	23.51	.021	23.51	.50
ROOM USE	1	2		163.31	81.66	.043	163.31	3.47
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	6	159	\$	17,820.49	\$	112.08	3.383	\$	2970.08	\$	379.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	159		17,820.49		112.08	3.383		2970.08		379.16
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	1,693.46	\$	564.49	.064	\$	846.73	\$	36.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	3		1,693.46		564.49	.064		846.73		36.03
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	14	\$	151.45	\$	10.82	.298	\$	75.73
PATHOLOGY	2	14		151.45		10.82	.298		75.73
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,400
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	306	\$ 2,633.85	\$ 8.61	6.511	\$ 154.93	\$ 56.04
DURABLE MED. EQUIP.	1	12	186.18	15.52	.255	186.18	3.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,061.82	1061.82	.021	1061.82	22.59
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	263	850.58	3.23	5.596	283.53	18.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	30	535.27	17.84	.638	44.61	11.39
@CALIF. CHILDREN SERVICES*	1	12	\$ 186.18	\$ 15.52	.255	\$ 186.18	\$ 3.96
@XOVER EXCLUDING STATE HOSP**	20	52	\$ 4,250.90	\$ 81.75	1.106	\$ 212.55	\$ 90.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,401
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

3,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,554	32,019	\$ 2,345,042.91	\$ 73.24	10.165	\$ 918.18	\$ 744.46
@PHYSICIANS SERVICES	674	2,655	\$ 76,039.01	\$ 28.64	.843	\$ 112.82	\$ 24.14
OUTPATIENT VISITS	145	230	7,313.06	31.80	.073	50.43	2.32
OFFICE VISITS	124	184	5,772.17	31.37	.058	46.55	1.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	9	703.53	78.17	.003	117.26	.22

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	37		837.36	22.63	.012	44.07	.27
INPATIENT VISITS	43	242		10,433.96	43.12	.077	242.65	3.31
HOSPITAL VISITS	35	196		8,435.86	43.04	.062	241.02	2.68
CRITICAL CARE	2	3		364.80	121.60	.001	182.40	.12
SNF/ICF/TRANS IP CARE	14	43		1,633.30	37.98	.014	116.66	.52
OPHTHALMOLOGICAL SERVICES	19	25		1,027.78	41.11	.008	54.09	.33
EXAMINATIONS	19	25		1,027.78	41.11	.008	54.09	.33
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	110		10,703.97	97.31	.035	411.69	3.40
PRINCIPAL SURGEON	20	31		8,601.74	277.48	.010	430.09	2.73
ASSISTANT SURGEON	2	2		224.87	112.44	.001	112.44	.07
ANESTHESIOLOGIST	9	77		1,877.36	24.38	.024	208.60	.60
OUTPATIENT SURGERY	27	75		5,352.76	71.37	.024	198.25	1.70
PRINCIPAL SURGEON	21	24		4,153.73	173.07	.008	197.80	1.32
ASSISTANT SURGEON	2	2		107.63	53.82	.001	53.82	.03
ANESTHESIOLOGIST	8	49		1,091.40	22.27	.016	136.43	.35
DIALYSIS	5	5		956.76	191.35	.002	191.35	.30
PATHOLOGY	18	55		1,100.33	20.01	.017	61.13	.35
RADIOLOGY	125	308		11,589.34	37.63	.098	92.71	3.68
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	275		4,158.99	15.12	.087	231.06	1.32
OTHER SERVICES/ALL X-OVERS	468	1,330		23,402.06	17.60	.422	50.00	7.43
@PHARMACY	1,991	14,279	\$	985,683.02	69.03	4.533	495.07	312.92
PRESCRIPTION DRUGS	1,953	9,000		962,084.70	106.90	2.857	492.62	305.42
SNF/ICF	120	900		63,113.14	70.13	.286	525.94	20.04
OUTPATIENTS	1,834	8,100		898,971.56	110.98	2.571	490.17	285.39
MEDICAL SUPPLIES	230	5,279		23,598.32	4.47	1.676	102.60	7.49
@DENTIST	132	674	\$	34,781.20	51.60	.214	263.49	11.04
VISITS - DIAGNOSTIC	81	351		4,313.20	12.29	.111	53.25	1.37
ORAL SURGERY	26	137		6,915.00	50.47	.043	265.96	2.20
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	6	7		1,154.00	164.86	.002	192.33	.37
ENDODONTICS	10	19		4,175.00	219.74	.006	417.50	1.33
RESTORATIVE DENTISTRY	33	92		7,226.00	78.54	.029	218.97	2.29
PROSTHETICS	1	1		50.00	50.00	.000	50.00	.02
DENTURES, STAYPLATES	25	63		10,948.00	173.78	.020	437.92	3.48
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 18,402 01/29/04

	3,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	82	230	\$	4,651.85	\$ 20.23	.073	\$ 56.73	\$ 1.48
DIAGNOSTIC AND ANC. PROCED	21	23		961.31	41.80	.007	45.78	.31
EYE APPLIANCES	72	202		3,468.16	17.17	.064	48.17	1.10
OTHER OPTOMETRIC SERVICES	6	5		222.38	44.48	.002	37.06	.07
@CHIROPRACTOR	7	14	\$	144.10	\$ 10.29	.004	\$ 20.59	\$.05
VISITS	1	1		8.36	8.36	.000	8.36	.00
OTHER SERVICES	6	13		135.74	10.44	.004	22.62	.04
@PODIATRIST	46	67	\$	852.73	\$ 12.73	.021	\$ 18.54	\$.27
MEDICINE/INJECTIONS	4	4		122.00	30.50	.001	30.50	.04
SURGERY/ANES.	1	1		32.02	32.02	.000	32.02	.01

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	41	62		698.71		.020	17.04	.22
@HOME HEALTH AGENCY	2	3	\$	224.58	\$	.001	112.29	.07
NURSE ANESTHESIST	1	7	\$	95.98	\$	.002	95.98	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	10	\$	159.60	\$	.003	53.20	.05
@TOTAL HOSPITAL	319	2,118	\$	452,196.70	\$	.672	1417.54	143.55
HOSP INPATIENT TOTAL	71	331		380,686.36		.105	5361.78	120.85
HSC HOSPITALS	12	80		128,605.00		.025	10717.08	40.83
NON-HSC HOSPITAL TOTAL	25	153		226,554.55		.049	9062.18	71.92
ACCOMMODATIONS	24	153		54,819.82		.049	2284.16	17.40
ADMINISTRATIVE DAYS	2	21		4,722.06		.007	2361.03	1.50
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	22	132		50,097.76		.042	2277.17	15.90
ANCILLARIES	25	0		171,734.73		.000	6869.39	54.52
INPATIENT CROSSOVERS	34	98		25,526.81		.031	750.79	8.10
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	267	1,787		71,510.34		.567	267.83	22.70
MEDICAL	72	146		6,407.54		.046	88.99	2.03
SURGERY	12	15		686.74		.005	57.23	.22
PATHOLOGY	83	564		6,295.19		.179	75.85	2.00
RADIOLOGY	74	154		11,131.92		.049	150.43	3.53
ROOM USE	64	118		4,698.54		.037	73.41	1.49
CROSSOVERS/ALL OTH OUTPTNT	177	790		42,290.41		.251	238.93	13.43
@COUNTY HOSPITAL TOTAL	5	13	\$	325.56	\$	.004	65.11	.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00	.00
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	13		325.56		.004	65.11	.10
MEDICAL	0	0		.00		.000	.00	.00
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	0	0		.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	13		325.56		.004	65.11	.10

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	3,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	315	2,105	\$	451,871.14	\$ 214.67	.668	\$ 1434.51	\$ 143.45
COMM HOSP INPATIENT TOTAL	71	331		380,686.36	1150.11	.105	5361.78	120.85
HSC HOSPITALS	12	80		128,605.00	1607.56	.025	10717.08	40.83
NON-HSC HOSPITALS TOTAL	25	153		226,554.55	1480.75	.049	9062.18	71.92
ACCOMMODATIONS	24	153		54,819.82	358.30	.049	2284.16	17.40
ADMINISTRATIVE DAYS	2	21		4,722.06	224.86	.007	2361.03	1.50
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	132		50,097.76	379.53	.042	2277.17	15.90
ANCILLARIES	25	0		171,734.73	.00	.000	6869.39	54.52
INPATIENT CROSSOVERS	34	98		25,526.81	260.48	.031	750.79	8.10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	263	1,774		71,184.78	40.13	.563	270.66	22.60
MEDICAL	72	146		6,407.54	43.89	.046	88.99	2.03
SURGERY	12	15		686.74	45.78	.005	57.23	.22
PATHOLOGY	83	564		6,295.19	11.16	.179	75.85	2.00
RADIOLOGY	74	154		11,131.92	72.29	.049	150.43	3.53
ROOM USE	64	118		4,698.54	39.82	.037	73.41	1.49
CROSSOVERS/ALL OTH OUTPTNT	173	777		41,964.85	54.01	.247	242.57	13.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	94	2,390	\$	436,690.07	\$ 182.72	.759	\$ 4645.64	\$ 138.63
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,260.83	105.19	.010	3260.83	1.04
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	338		190,228.31	562.81	.107	19022.83	60.39
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	83	2,021		243,200.93	120.34	.642	2930.13	77.21
@INTERMEDIATE CARE FACIL.-DD	42	1,323	\$	201,700.69	\$ 152.46	.420	\$ 4802.40	\$ 64.03
ICF DDH	18	593		79,373.99	133.85	.188	4409.67	25.20
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	24	730		122,326.70	167.57	.232	5096.95	38.83
@HEMODIALYSIS TOTAL	40	546	\$	34,981.13	\$ 64.07	.173	\$ 874.53	\$ 11.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	40	546		34,981.13	64.07	.173	874.53	11.11
@REHABILITATION FACILITY	1	1	\$	21.19	\$ 21.19	.000	\$ 21.19	\$.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	1		21.19	21.19	.000	21.19	.01
@LABORATORY FACILITY	94	425	\$	4,994.32	\$ 11.75	.135	\$ 53.13	\$ 1.59
PATHOLOGY	92	423		4,976.51	11.76	.134	54.09	1.58
XO AND OTHERS	2	2		17.81	8.91	.001	8.91	.01
@ORGANIZED OUTPATIENT CLINIC	532	957	\$	47,829.10	\$ 49.98	.304	\$ 89.90	\$ 15.18
CLINIC	4	7		94.63	13.52	.002	23.66	.03
SURGICENTER	9	32		1,810.12	56.57	.010	201.12	.57
HEROIN DETOX CLINIC	2	40		463.38	11.58	.013	231.69	.15
RURAL HEALTH CLINIC	523	878		45,460.97	51.78	.279	86.92	14.43
#CALIF DEPT OF HEALTH SERV								
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	3,150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	489		6,320	\$ 63,997.64	\$ 10.13	2.006	\$ 130.87	\$ 20.32
DURABLE MED. EQUIP.	31		145	13,509.68	93.17	.046	435.80	4.29
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12		13	3,115.46	239.65	.004	259.62	.99
MEDICAL TRANSPORTATION	65		1,315	12,072.85	9.18	.417	185.74	3.83
AMBULANCES/AIR TRANS	36		199	4,779.91	24.02	.063	132.78	1.52
OTHER TRANS	14		983	3,810.94	3.88	.312	272.21	1.21
OTHER SERVICES	17		133	3,482.00	26.18	.042	204.82	1.11
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11		129	7,084.14	54.92	.041	644.01	2.25
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	77		165	2,431.91	14.74	.052	31.58	.77
PHYSICAL THERAPIST	1		7	2.35	.34	.002	2.35	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19		64	3,961.03	61.89	.020	208.48	1.26
PROSTHETICS	19		64	3,961.03	61.89	.020	208.48	1.26
ORTHOTICS	0		0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	20	2,448.76	122.44	.006	244.88	.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28	413	2,833.91	6.86	.131	101.21	.90
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	276	4,049	16,537.55	4.08	1.285	59.92	5.25
@CALIF. CHILDREN SERVICES*	10	62	\$ 7,700.73	\$ 124.21	.020	\$ 770.07	\$ 2.44
@XOVER EXCLUDING STATE HOSP**	776	5,788	\$ 131,643.58	\$ 22.74	1.837	\$ 169.64	\$ 41.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL

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YUBA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

66,080 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	31,438	157,965	\$ 9,837,085.89	\$ 62.27	2.391	\$ 312.90	\$ 148.87
@PHYSICIANS SERVICES	7,240	22,997	\$ 955,649.75	\$ 41.56	.348	\$ 132.00	\$ 14.46
OUTPATIENT VISITS	3,618	4,200	178,619.64	42.53	.064	49.37	2.70
OFFICE VISITS	3,010	3,459	123,616.81	35.74	.052	41.07	1.87
HOME VISITS	5	6	377.80	62.97	.000	75.56	.01
EMERGENCY ROOM	198	222	11,508.08	51.84	.003	58.12	.17
PREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	374	402	39,929.61	99.33	.006	106.76	.60
OTHER OUTPATIENT	99	109	3,104.62	28.48	.002	31.36	.05
INPATIENT VISITS	398	1,585	114,958.48	72.53	.024	288.84	1.74
HOSPITAL VISITS	368	1,119	50,041.18	44.72	.017	135.98	.76
CRITICAL CARE	52	466	64,917.30	139.31	.007	1248.41	.98
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	122	143	6,739.84	47.13	.002	55.24	.10
EXAMINATIONS	120	141	6,699.84	47.52	.002	55.83	.10
SERVICES AND MATERIALS	2	2	40.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	556	2,455	291,609.71	118.78	.037	524.48	4.41
PRINCIPAL SURGEON	331	386	230,138.10	596.21	.006	695.28	3.48
ASSISTANT SURGEON	69	70	12,011.33	171.59	.001	174.08	.18
ANESTHESIOLOGIST	267	1,999	49,460.28	24.74	.030	185.24	.75
OUTPATIENT SURGERY	589	1,715	105,999.17	61.81	.026	179.96	1.60
PRINCIPAL SURGEON	440	573	80,128.06	139.84	.009	182.11	1.21
ASSISTANT SURGEON	11	11	1,236.03	112.37	.000	112.37	.02
ANESTHESIOLOGIST	188	1,131	24,635.08	21.78	.017	131.04	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	286	384	5,653.73	14.72	.006	19.77	.09
RADIOLOGY	2,715	4,136	149,312.31	36.10	.063	55.00	2.26
PSYCHIATRY	11	12	436.07	36.34	.000	39.64	.01
IMMUNIZATION AND INJECTION	154	332	8,146.73	24.54	.005	52.90	.12
OTHER SERVICES/ALL X-OVERS	1,299	8,035	94,174.07	11.72	.122	72.50	1.43
@PHARMACY	15,410	38,907	\$ 2,075,114.90	\$ 53.34	.589	\$ 134.66	\$ 31.40
PRESCRIPTION DRUGS	15,282	37,131	2,016,378.25	54.30	.562	131.94	30.51
SNF/ICF	1	2	84.40	42.20	.000	84.40	.00
OUTPATIENTS	15,282	37,129	2,016,293.85	54.31	.562	131.94	30.51
MEDICAL SUPPLIES	421	1,776	58,736.65	33.07	.027	139.52	.89
@DENTIST	3,092	14,947	\$ 545,406.88	\$ 36.49	.226	\$ 176.39	\$ 8.25
VISITS - DIAGNOSTIC	2,086	9,143	136,205.79	14.90	.138	65.30	2.06
ORAL SURGERY	435	1,092	57,858.40	52.98	.017	133.01	.88
DRUGS	65	78	1,510.00	19.36	.001	23.23	.02
ANESTHESIA	42	42	3,800.00	90.48	.001	90.48	.06
PERIODONTICS	83	91	14,374.00	157.96	.001	173.18	.22
ENDODONTICS	253	574	72,811.25	126.85	.009	287.79	1.10
RESTORATIVE DENTISTRY	1,156	3,314	210,366.35	63.48	.050	181.98	3.18
PROSTHETICS	8	8	230.00	28.75	.000	28.75	.00
DENTURES, STAYPLATES	68	266	27,673.00	104.03	.004	406.96	.42
SPACE MAINTAINERS	20	26	2,590.00	99.62	.000	129.50	.04
MAXILLOFACIAL SERVICES	8	8	468.09	58.51	.000	58.51	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	157	205	16,695.00	81.44	.003	106.34	.25
ALL OTHER SERVICES	63	100	825.00	8.25	.002	13.10	.01

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 18,406
01/29/04

66,080 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS
PER ELIG

COST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	765	2,068	\$	47,807.44	\$	23.12	.031	\$	62.49	\$	.72
DIAGNOSTIC AND ANC. PROCED	539	557		25,256.83		45.34	.008		46.86		.38
EYE APPLIANCES	542	1,506		22,491.49		14.93	.023		41.50		.34
OTHER OPTOMETRIC SERVICES	4	5		59.12		11.82	.000		14.78		.00
@CHIROPRACTOR	186	372	\$	6,010.84	\$	16.16	.006	\$	32.32	\$	.09
VISITS	185	370		5,977.40		16.16	.006		32.31		.09
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	10	19	\$	855.54	\$	45.03	.000	\$	85.55	\$	.01
MEDICINE/INJECTIONS	9	13		444.92		34.22	.000		49.44		.01
SURGERY/ANES.	1	1		84.14		84.14	.000		84.14		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	5		326.48		65.30	.000		108.83		.00
@HOME HEALTH AGENCY	196	273	\$	13,591.45	\$	49.79	.004	\$	69.34	\$	.21
NURSE ANESTHESIST	11	63	\$	944.31	\$	14.99	.001	\$	85.85	\$	.01
NURSE MIDWIFE	56	105	\$	40,219.28	\$	383.04	.002	\$	718.20	\$	.61
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	526	1,170	\$	18,625.83	\$	15.92	.018	\$	35.41	\$	.28
@TOTAL HOSPITAL	5,527	26,392	\$	4,194,983.32	\$	158.95	.399	\$	759.00	\$	63.48
HOSP INPATIENT TOTAL	546	2,524		3,498,704.97		1386.17	.038		6407.88		52.95
HSC HOSPITALS	79	808		1,021,130.18		1263.77	.012		12925.70		15.45
NON-HSC HOSPITAL TOTAL	467	1,715		2,477,005.73		1444.32	.026		5304.08		37.48
ACCOMMODATIONS	467	1,715		679,724.91		396.34	.026		1455.51		10.29
ADMINISTRATIVE DAYS	3	46		10,253.40		222.90	.001		3417.80		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	465	1,669		669,471.51		401.12	.025		1439.72		10.13
ANCILLARIES	466	0		1,797,280.82		.00	.000		3856.83		27.20
INPATIENT CROSSOVERS	1	1		569.06		569.06	.000		569.06		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,253	23,868		696,278.35		29.17	.361		132.55		10.54
MEDICAL	1,598	2,161		104,074.76		48.16	.033		65.13		1.57
SURGERY	463	565		27,231.49		48.20	.009		58.82		.41
PATHOLOGY	2,161	8,030		102,291.40		12.74	.122		47.34		1.55
RADIOLOGY	2,283	3,052		174,045.70		57.03	.046		76.24		2.63
ROOM USE	2,742	3,905		152,503.12		39.05	.059		55.62		2.31
CROSSOVERS/ALL OTH OUTPTNT	1,894	6,155		136,131.88		22.12	.093		71.88		2.06
@COUNTY HOSPITAL TOTAL	15	59	\$	5,990.59	\$	101.54	.001	\$	399.37	\$	.09
CO HOSPITAL INPATIENT TOTAL	2	4		4,346.02		1086.51	.000		2173.01		.07
HSC HOSPITALS	2	4		4,346.02		1086.51	.000		2173.01		.07
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	55		1,644.57		29.90	.001		117.47		.02
MEDICAL	4	8		402.41		50.30	.000		100.60		.01
SURGERY	2	3		79.25		26.42	.000		39.63		.00
PATHOLOGY	6	20		316.76		15.84	.000		52.79		.00
RADIOLOGY	1	8		163.01		20.38	.000		163.01		.00
ROOM USE	5	7		355.29		50.76	.000		71.06		.01
CROSSOVERS/ALL OTH OUTPTNT	7	9		327.85		36.43	.000		46.84		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,407
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
66,080 ELIGIBLES					----- MONTHLY AVERAGE -----		
@COMMUNITY HOSPITAL TOTAL	5,513	26,333	\$ 4,188,992.73	\$ 159.08	.399	\$ 759.84	\$ 63.39

COMM HOSP INPATIENT TOTAL	544	2,520	3,494,358.95	1386.65	.038	6423.45	52.88
HSC HOSPITALS	77	804	1,016,784.16	1264.66	.012	13204.99	15.39
NON-HSC HOSPITALS TOTAL	467	1,715	2,477,005.73	1444.32	.026	5304.08	37.48
ACCOMMODATIONS	467	1,715	679,724.91	396.34	.026	1455.51	10.29
ADMINISTRATIVE DAYS	3	46	10,253.40	222.90	.001	3417.80	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	465	1,669	669,471.51	401.12	.025	1439.72	10.13
ANCILLARIES	466	0	1,797,280.82	.00	.000	3856.83	27.20
INPATIENT CROSSOVERS	1	1	569.06	569.06	.000	569.06	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,240	23,813	694,633.78	29.17	.360	132.56	10.51
MEDICAL	1,594	2,153	103,672.35	48.15	.033	65.04	1.57
SURGERY	461	562	27,152.24	48.31	.009	58.90	.41
PATHOLOGY	2,155	8,010	101,974.64	12.73	.121	47.32	1.54
RADIOLOGY	2,282	3,044	173,882.69	57.12	.046	76.20	2.63
ROOM USE	2,737	3,898	152,147.83	39.03	.059	55.59	2.30
CROSSOVERS/ALL OTH OUTPTNT	1,887	6,146	135,804.03	22.10	.093	71.97	2.06
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	4,179.03	597.00	.000	696.51	.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	4,179.03	597.00	.000	696.51	.06
@REHABILITATION FACILITY	9	24	1,403.71	58.49	.000	155.97	.02
HOSPITAL BASED	9	24	1,403.71	58.49	.000	155.97	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,566	10,434	148,202.04	14.20	.158	57.76	2.24
PATHOLOGY	2,566	10,434	148,202.04	14.20	.158	57.76	2.24
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11,327	19,142	1,497,404.31	78.23	.290	132.20	22.66
CLINIC	519	1,817	50,635.68	27.87	.027	97.56	.77
SURGICENTER	84	416	13,313.87	32.00	.006	158.50	.20
HEROIN DETOX CLINIC	5	66	664.15	10.06	.001	132.83	.01
RURAL HEALTH CLINIC	10,811	16,843	1,432,790.61	85.07	.255	132.53	21.68

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 18,408 01/29/04

						----- MONTHLY AVERAGE -----	
66,080 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,223	21,045	\$ 286,687.26	\$ 13.62	.318	\$ 67.89	\$ 4.34
DURABLE MED. EQUIP.	201	259	25,454.09	98.28	.004	126.64	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	1,227.35	204.56	.000	204.56	.02
MEDICAL TRANSPORTATION	472	4,591	82,998.27	18.08	.069	175.84	1.26
AMBULANCES/AIR TRANS	470	4,463	64,033.71	14.35	.068	136.24	.97
OTHER TRANS	2	115	190.84	1.66	.002	95.42	.00
OTHER SERVICES	13	13	18,773.72	1444.13	.000	1444.13	.28
ACUPUNCTURE	5	18	313.58	17.42	.000	62.72	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,657.50	104.49	.002	104.49	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	587	1,268	12,516.13	9.87	.019	21.32	.19
PHYSICAL THERAPIST	34	109	1,853.93	17.01	.002	54.53	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	106	216	16,111.46	74.59	.003	151.99	.24
PROSTHETICS	103	212	15,765.77	74.37	.003	153.07	.24
ORTHOTICS	4	4	345.69	86.42	.000	86.42	.01
PSYCHOLOGIST	2	8	151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	98	198	8,609.35	43.48	.003	87.85	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,641	12,432	123,594.40	9.94	.188	46.80	1.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	1,838	3,199.26	1.74	.028	52.45	.05
@CALIF. CHILDREN SERVICES*	193	1,831	\$ 606,695.32	\$ 331.35	.028	\$ 3143.50	\$ 9.18
@XOVER EXCLUDING STATE HOSP**	112	545	\$ 12,920.61	\$ 23.71	.008	\$ 115.36	\$.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,409
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL	

73,605 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,695	308,778	\$ 17,557,235.02	\$ 56.86	4.195	\$ 465.77	\$ 238.53
@PHYSICIANS SERVICES	8,670	27,724	\$ 1,073,930.75	\$ 38.74	.377	\$ 123.87	\$ 14.59
OUTPATIENT VISITS	3,805	4,486	187,955.00	41.90	.061	49.40	2.55
OFFICE VISITS	3,175	3,697	131,298.33	35.51	.050	41.35	1.78
HOME VISITS	5	6	377.80	62.97	.000	75.56	.01
EMERGENCY ROOM	205	233	12,324.56	52.90	.003	60.12	.17
PREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	374	402	39,929.61	99.33	.005	106.76	.54
OTHER OUTPATIENT	118	146	3,941.98	27.00	.002	33.41	.05
INPATIENT VISITS	447	1,886	128,942.60	68.37	.026	288.46	1.75
HOSPITAL VISITS	409	1,356	60,277.30	44.45	.018	147.38	.82
CRITICAL CARE	57	487	67,032.00	137.64	.007	1176.00	.91
SNF/ICF/TRANS IP CARE	14	43	1,633.30	37.98	.001	116.66	.02
OPHTHALMOLOGICAL SERVICES	152	181	8,428.87	46.57	.002	55.45	.11
EXAMINATIONS	150	179	8,388.87	46.87	.002	55.93	.11
SERVICES AND MATERIALS	2	2	40.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	586	2,584	303,459.98	117.44	.035	517.85	4.12
PRINCIPAL SURGEON	355	423	239,463.59	566.11	.006	674.55	3.25
ASSISTANT SURGEON	71	72	12,236.20	169.95	.001	172.34	.17
ANESTHESIOLOGIST	278	2,089	51,760.19	24.78	.028	186.19	.70
OUTPATIENT SURGERY	628	1,812	116,433.12	64.26	.025	185.40	1.58
PRINCIPAL SURGEON	470	607	88,812.41	146.31	.008	188.96	1.21
ASSISTANT SURGEON	14	14	1,588.26	113.45	.000	113.45	.02
ANESTHESIOLOGIST	198	1,191	26,032.45	21.86	.016	131.48	.35
DIALYSIS	9	19	1,845.92	97.15	.000	205.10	.03
PATHOLOGY	312	473	6,845.03	14.47	.006	21.94	.09
RADIOLOGY	2,869	4,513	163,586.59	36.25	.061	57.02	2.22
PSYCHIATRY	11	12	436.07	36.34	.000	39.64	.01
IMMUNIZATION AND INJECTION	172	607	12,305.72	20.27	.008	71.54	.17
OTHER SERVICES/ALL X-OVERS	2,451	11,151	143,691.85	12.89	.151	58.63	1.95

@PHARMACY	20,249	94,597	\$	4,001,049.63	\$	42.30	1.285	\$	197.59	\$	54.36
PRESCRIPTION DRUGS	20,049	59,500		3,897,239.10		65.50	.808		194.39		52.95
SNF/ICF	1,101	7,446		422,679.05		56.77	.101		383.90		5.74
OUTPATIENTS	18,954	52,054		3,474,560.05		66.75	.707		183.32		47.21
MEDICAL SUPPLIES	872	35,097		103,810.53		2.96	.477		119.05		1.41
@DENTIST	3,462	16,354	\$	612,798.08	\$	37.47	.222	\$	177.01	\$	8.33
VISITS - DIAGNOSTIC	2,351	9,974		147,306.99		14.77	.136		62.66		2.00
ORAL SURGERY	486	1,327		68,627.40		51.72	.018		141.21		.93
DRUGS	66	79		1,510.00		19.11	.001		22.88		.02
ANESTHESIA	42	42		3,800.00		90.48	.001		90.48		.05
PERIODONTICS	99	108		16,964.00		157.07	.001		171.35		.23
ENDODONTICS	268	600		78,501.25		130.84	.008		292.92		1.07
RESTORATIVE DENTISTRY	1,212	3,464		221,553.35		63.96	.047		182.80		3.01
PROSTHETICS	9	9		280.00		31.11	.000		31.11		.00
DENTURES, STAYPLATES	125	407		53,677.00		131.88	.006		429.42		.73
SPACE MAINTAINERS	20	26		2,590.00		99.62	.000		129.50		.04

MAXILLOFACIAL SERVICES	8	8	468.09	58.51	.000	58.51	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	157	205	16,695.00	81.44	.003	106.34	.23
ALL OTHER SERVICES	67	105	825.00	7.86	.001	12.31	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,410
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

73,605 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	926	2,495	\$ 56,711.38	\$ 22.73	.034	\$ 61.24	\$.77
DIAGNOSTIC AND ANC. PROCED	568	588	26,545.43	45.15	.008	46.73	.36
EYE APPLIANCES	676	1,880	29,311.94	15.59	.026	43.36	.40
OTHER OPTOMETRIC SERVICES	26	27	854.01	31.63	.000	32.85	.01
@CHIROPRACTOR	198	393	\$ 6,269.80	\$ 15.95	.005	\$ 31.67	\$.09
VISITS	187	372	6,002.48	16.14	.005	32.10	.08
OTHER SERVICES	11	21	267.32	12.73	.000	24.30	.00
@PODIATRIST	114	165	\$ 2,422.06	\$ 14.68	.002	\$ 21.25	\$.03
MEDICINE/INJECTIONS	13	17	566.92	33.35	.000	43.61	.01
SURGERY/ANES.	2	2	116.16	58.08	.000	58.08	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	102	146	1,738.98	11.91	.002	17.05	.02
@HOME HEALTH AGENCY	200	284	\$ 14,265.15	\$ 50.23	.004	\$ 71.33	\$.19
NURSE ANESTHESIST	13	73	\$ 1,112.14	\$ 15.23	.001	\$ 85.55	\$.02
NURSE MIDWIFE	56	105	\$ 40,219.28	\$ 383.04	.001	\$ 718.20	\$.55
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	529	1,180	\$ 18,785.43	\$ 15.92	.016	\$ 35.51	\$.26
@TOTAL HOSPITAL	6,088	29,537	\$ 4,820,415.82	\$ 163.20	.401	\$ 791.79	\$ 65.49
HOSP INPATIENT TOTAL	701	3,204	4,030,511.63	1257.96	.044	5749.66	54.76
HSC HOSPITALS	92	892	1,153,635.18	1293.31	.012	12539.51	15.67
NON-HSC HOSPITAL TOTAL	496	1,918	2,787,698.09	1453.44	.026	5620.36	37.87
ACCOMMODATIONS	495	1,918	756,801.42	394.58	.026	1528.89	10.28
ADMINISTRATIVE DAYS	6	77	17,191.86	223.27	.001	2865.31	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	491	1,841	739,609.56	401.74	.025	1506.33	10.05
ANCILLARIES	495	0	2,030,896.67	.00	.000	4102.82	27.59
INPATIENT CROSSOVERS	114	394	89,178.36	226.34	.005	782.27	1.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,690	26,333	789,904.19	30.00	.358	138.82	10.73
MEDICAL	1,684	2,334	111,453.10	47.75	.032	66.18	1.51
SURGERY	480	586	28,495.97	48.63	.008	59.37	.39
PATHOLOGY	2,259	8,649	109,182.20	12.62	.118	48.33	1.48
RADIOLOGY	2,377	3,234	186,976.24	57.82	.044	78.66	2.54
ROOM USE	2,819	4,045	158,487.34	39.18	.055	56.22	2.15
CROSSOVERS/ALL OTH OUTPTNT	2,213	7,485	195,309.34	26.09	.102	88.26	2.65
@COUNTY HOSPITAL TOTAL	22	83	\$ 6,573.81	\$ 79.20	.001	\$ 298.81	\$.09
CO HOSPITAL INPATIENT TOTAL	2	4	4,346.02	1086.51	.000	2173.01	.06
HSC HOSPITALS	2	4	4,346.02	1086.51	.000	2173.01	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	79	2,227.79	28.20	.001	106.09	.03
MEDICAL	6	12	479.24	39.94	.000	79.87	.01
SURGERY	2	3	79.25	26.42	.000	39.63	.00
PATHOLOGY	7	21	321.16	15.29	.000	45.88	.00

RADIOLOGY	2	9	187.40	20.82	.000	93.70	.00
ROOM USE	7	11	495.05	45.00	.000	70.72	.01
CROSSOVERS/ALL OTH OUTPTNT	13	23	665.69	28.94	.000	51.21	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,411
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
73,605 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	6,068	29,454	\$ 4,813,842.01	\$ 163.44	.400	\$ 793.32	\$ 65.40
COMM HOSP INPATIENT TOTAL	699	3,200	4,026,165.61	1258.18	.043	5759.89	54.70
HSC HOSPITALS	90	888	1,149,289.16	1294.24	.012	12769.88	15.61
NON-HSC HOSPITALS TOTAL	496	1,918	2,787,698.09	1453.44	.026	5620.36	37.87
ACCOMMODATIONS	495	1,918	756,801.42	394.58	.026	1528.89	10.28
ADMINISTRATIVE DAYS	6	77	17,191.86	223.27	.001	2865.31	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	491	1,841	739,609.56	401.74	.025	1506.33	10.05
ANCILLARIES	495	0	2,030,896.67	.00	.000	4102.82	27.59
INPATIENT CROSSOVERS	114	394	89,178.36	226.34	.005	782.27	1.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,671	26,254	787,676.40	30.00	.357	138.90	10.70
MEDICAL	1,678	2,322	110,973.86	47.79	.032	66.13	1.51
SURGERY	478	583	28,416.72	48.74	.008	59.45	.39
PATHOLOGY	2,252	8,628	108,861.04	12.62	.117	48.34	1.48
RADIOLOGY	2,375	3,225	186,788.84	57.92	.044	78.65	2.54
ROOM USE	2,812	4,034	157,992.29	39.17	.055	56.19	2.15
CROSSOVERS/ALL OTH OUTPTNT	2,201	7,462	194,643.65	26.08	.101	88.43	2.64
@STATE HOSPITAL	12	365	\$ 188,665.98	\$ 516.89	.005	\$ 15722.17	\$ 2.56
MENTALLY ILL	12	365	188,665.98	516.89	.005	15722.17	2.56
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,290	37,868	\$ 4,241,284.99	\$ 112.00	.514	\$ 3287.82	\$ 57.62
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12	365	38,742.03	106.14	.005	3228.50	.53
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	338	190,228.31	562.81	.005	19022.83	2.58
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,268	37,165	4,012,314.65	107.96	.505	3164.29	54.51
@INTERMEDIATE CARE FACIL.-DD	42	1,323	\$ 201,700.69	\$ 152.46	.018	\$ 4802.40	\$ 2.74
ICF DDH	18	593	79,373.99	133.85	.008	4409.67	1.08
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	24	730	122,326.70	167.57	.010	5096.95	1.66
@HEMODIALYSIS TOTAL	81	683	\$ 70,850.83	\$ 103.73	.009	\$ 874.70	\$.96
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	81	683	70,850.83	103.73	.009	874.70	.96
@REHABILITATION FACILITY	10	25	\$ 1,424.90	\$ 57.00	.000	\$ 142.49	\$.02
HOSPITAL BASED	9	24	1,403.71	58.49	.000	155.97	.02
INDEPENDENT FACILITY	1	1	21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	2,693	11,016	\$ 155,268.00	\$ 14.09	.150	\$ 57.66	\$ 2.11
PATHOLOGY	2,686	11,006	155,137.42	14.10	.150	57.76	2.11
XO AND OTHERS	7	10	130.58	13.06	.000	18.65	.00
@ORGANIZED OUTPATIENT CLINIC	12,389	21,063	\$ 1,580,083.59	\$ 75.02	.286	\$ 127.54	\$ 21.47
CLINIC	524	1,826	50,753.25	27.79	.025	96.86	.69
SURGICENTER	105	466	17,221.49	36.96	.006	164.01	.23
HEROIN DETOX CLINIC	7	106	1,127.53	10.64	.001	161.08	.02
RURAL HEALTH CLINIC	11,852	18,665	1,510,981.32	80.95	.254	127.49	20.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,412
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
73,605 ELIGIBLES							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5,297	63,528	\$	469,976.52	\$ 7.40	.863	\$ 88.73	\$ 6.39
DURABLE MED. EQUIP.	255	528		45,178.89	85.57	.007	177.17	.61
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	49		17,514.90	357.45	.001	372.66	.24
MEDICAL TRANSPORTATION	643	17,351		134,220.08	7.74	.236	208.74	1.82
AMBULANCES/AIR TRANS	509	4,671		69,227.22	14.82	.063	136.01	.94
OTHER TRANS	90	12,177		41,497.63	3.41	.165	461.08	.56
OTHER SERVICES	60	503		23,495.23	46.71	.007	391.59	.32
ACUPUNCTURE	5	18		313.58	17.42	.000	62.72	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,657.50	104.49	.001	104.49	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	30	228		16,039.71	70.35	.003	534.66	.22
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	742	1,610		17,236.66	10.71	.022	23.23	.23
PHYSICAL THERAPIST	37	128		1,976.76	15.44	.002	53.43	.03
PORTABLE X-RAY	22	37		119.09	3.22	.001	5.41	.00
PROSTHETIST/ORTHOTISTS	135	293		20,427.70	69.72	.004	151.32	.28
PROSTHETICS	132	289		20,082.01	69.49	.004	152.14	.27
ORTHOTICS	4	4		345.69	86.42	.000	86.42	.00
PSYCHOLOGIST	2	8		151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	129	268		15,560.79	58.06	.004	120.63	.21
HOSPICE SERVICES	12	218		24,104.47	110.57	.003	2008.71	.33
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,672	13,108		127,278.89	9.71	.178	47.63	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	647	29,582		39,195.56	1.32	.402	60.58	.53
@CALIF. CHILDREN SERVICES*	204	1,905	\$	614,582.23	\$ 322.62	.026	\$ 3012.66	\$ 8.35
@XOVER EXCLUDING STATE HOSP**	2,131	47,301	\$	423,117.78	\$ 8.95	.643	\$ 198.55	\$ 5.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,413
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

6,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,935	18,173	\$ 849,510.07	\$ 46.75	3.022	\$ 289.44	\$ 141.26
@PHYSICIANS SERVICES	641	1,423	\$ 67,130.24	\$ 47.18	.237	\$ 104.73	\$ 11.16
OUTPATIENT VISITS	395	463	18,354.06	39.64	.077	46.47	3.05
OFFICE VISITS	329	372	13,170.12	35.40	.062	40.03	2.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	50	2,338.34	46.77	.008	53.14	.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	21	27	2,391.03	88.56	.004	113.86	.40
OTHER OUTPATIENT	9	14	454.57	32.47	.002	50.51	.08
INPATIENT VISITS	33	190	13,415.12	70.61	.032	406.52	2.23
HOSPITAL VISITS	31	115	4,907.85	42.68	.019	158.32	.82
CRITICAL CARE	6	75	8,507.27	113.43	.012	1417.88	1.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	21	23	1,019.77	44.34	.004	48.56	.17
EXAMINATIONS	20	22	994.77	45.22	.004	49.74	.17
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	26	131	16,210.22	123.74	.022	623.47	2.70
PRINCIPAL SURGEON	20	24	13,170.10	548.75	.004	658.51	2.19
ASSISTANT SURGEON	2	2	190.10	95.05	.000	95.05	.03
ANESTHESIOLOGIST	13	105	2,850.02	27.14	.017	219.23	.47

OUTPATIENT SURGERY	42	96	5,499.83	57.29	.016	130.95	.91
PRINCIPAL SURGEON	33	43	3,998.55	92.99	.007	121.17	.66
ASSISTANT SURGEON	2	2	129.56	64.78	.000	64.78	.02
ANESTHESIOLOGIST	11	51	1,371.72	26.90	.008	124.70	.23
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	38	57	343.74	6.03	.009	9.05	.06
RADIOLOGY	182	296	7,634.99	25.79	.049	41.95	1.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	15	404.77	26.98	.002	50.60	.07
OTHER SERVICES/ALL X-OVERS	64	152	4,247.74	27.95	.025	66.37	.71
@PHARMACY	1,402	5,821	\$ 153,004.82	\$ 26.28	.968	\$ 109.13	\$ 25.44
PRESCRIPTION DRUGS	1,399	2,960	144,341.56	48.76	.492	103.17	24.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,399	2,960	144,341.56	48.76	.492	103.17	24.00
MEDICAL SUPPLIES	36	2,861	8,663.26	3.03	.476	240.65	1.44
@DENTIST	346	1,631	\$ 49,726.74	\$ 30.49	.271	\$ 143.72	\$ 8.27
VISITS - DIAGNOSTIC	260	1,111	17,801.94	16.02	.185	68.47	2.96
ORAL SURGERY	34	67	5,014.00	74.84	.011	147.47	.83
DRUGS	9	13	285.00	21.92	.002	31.67	.05
ANESTHESIA	3	3	255.00	85.00	.000	85.00	.04
PERIODONTICS	2	2	255.00	127.50	.000	127.50	.04
ENDODONTICS	15	32	3,170.00	99.06	.005	211.33	.53
RESTORATIVE DENTISTRY	122	354	17,849.80	50.42	.059	146.31	2.97
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3	511.00	170.33	.000	255.50	.08
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	2	1,450.00	725.00	.000	1450.00	.24
ORTHODONTIC SERVICES	26	38	3,010.00	79.21	.006	115.77	.50
ALL OTHER SERVICES	4	5	75.00	15.00	.001	18.75	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

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01/29/04

6,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	72	210	\$ 4,691.46	\$ 22.34	.035	\$ 65.16	\$.78
DIAGNOSTIC AND ANC. PROCED	54	54	2,491.22	46.13	.009	46.13	.41
EYE APPLIANCES	54	154	2,131.63	13.84	.026	39.47	.35
OTHER OPTOMETRIC SERVICES	2	2	68.61	34.31	.000	34.31	.01
@CHIROPRACTOR	5	7	\$ 117.04	\$ 16.72	.001	\$ 23.41	\$.02
VISITS	5	7	117.04	16.72	.001	23.41	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 151.53	\$ 50.51	.000	\$ 75.77	\$.03
MEDICINE/INJECTIONS	1	1	6.77	6.77	.000	6.77	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	144.76	72.38	.000	144.76	.02
@HOME HEALTH AGENCY	12	20	\$ 998.24	\$ 49.91	.003	\$ 83.19	\$.17
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	3	2,237.60	745.87	.000	745.87	.37
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	20	50	\$ 796.52	\$ 15.93	.008	\$ 39.83	\$.13
@TOTAL HOSPITAL	426	1,985	\$ 405,638.04	\$ 204.35	.330	\$ 952.20	\$ 67.45
HOSP INPATIENT TOTAL	43	237	356,030.88	1502.24	.039	8279.79	59.20
HSC HOSPITALS	10	102	145,407.50	1425.56	.017	14540.75	24.18
NON-HSC HOSPITAL TOTAL	34	135	210,623.38	1560.17	.022	6194.81	35.02
ACCOMMODATIONS	34	135	70,284.70	520.63	.022	2067.20	11.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	34	135	70,284.70	520.63	.022	2067.20	11.69
ANCILLARIES	34	0	140,338.68	.00	.000	4127.61	23.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	407	1,748	49,607.16	28.38	.291	121.88	8.25
MEDICAL	145	186	9,056.81	48.69	.031	62.46	1.51
SURGERY	44	48	2,359.51	49.16	.008	53.63	.39
PATHOLOGY	164	611	7,794.64	12.76	.102	47.53	1.30
RADIOLOGY	155	218	10,617.79	48.71	.036	68.50	1.77
ROOM USE	240	324	12,783.49	39.46	.054	53.26	2.13
CROSSOVERS/ALL OTH OUTPTNT	140	361	6,994.92	19.38	.060	49.96	1.16
@COUNTY HOSPITAL TOTAL	1	2	\$ 99.04	\$ 49.52	.000	\$ 99.04	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	99.04	49.52	.000	99.04	.02
MEDICAL	1	1	64.61	64.61	.000	64.61	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,415
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

6,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	425	1,983	\$ 405,539.00	\$ 204.51	.330	\$ 954.21	\$ 67.43
COMM HOSP INPATIENT TOTAL	43	237	356,030.88	1502.24	.039	8279.79	59.20
HSC HOSPITALS	10	102	145,407.50	1425.56	.017	14540.75	24.18
NON-HSC HOSPITALS TOTAL	34	135	210,623.38	1560.17	.022	6194.81	35.02
ACCOMMODATIONS	34	135	70,284.70	520.63	.022	2067.20	11.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	34	135	70,284.70	520.63	.022	2067.20	11.69
ANCILLARIES	34	0	140,338.68	.00	.000	4127.61	23.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	406	1,746	49,508.12	28.36	.290	121.94	8.23
MEDICAL	144	185	8,992.20	48.61	.031	62.45	1.50
SURGERY	44	48	2,359.51	49.16	.008	53.63	.39
PATHOLOGY	164	611	7,794.64	12.76	.102	47.53	1.30
RADIOLOGY	155	218	10,617.79	48.71	.036	68.50	1.77
ROOM USE	239	323	12,749.06	39.47	.054	53.34	2.12
CROSSOVERS/ALL OTH OUTPTNT	140	361	6,994.92	19.38	.060	49.96	1.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	7	\$ 353.45	\$ 50.49	.001	\$ 88.36	\$.06
HOSPITAL BASED	4	7	353.45	50.49	.001	88.36	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	184	642	\$ 10,110.21	\$ 15.75	.107	\$ 54.95	\$ 1.68
PATHOLOGY	184	642	10,110.21	15.75	.107	54.95	1.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	994	1,481	\$	126,340.35	\$	85.31	.246	\$	127.10	\$	21.01
CLINIC	35	100		2,555.81		25.56	.017		73.02		.42
SURGICENTER	3	10		361.21		36.12	.002		120.40		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	960	1,371		123,423.33		90.02	.228		128.57		20.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,416
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

6,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	227	4,890	\$ 28,213.83	\$ 5.77	.813	\$ 124.29	\$ 4.69
DURABLE MED. EQUIP.	14	22	4,251.73	193.26	.004	303.70	.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	466	12,323.36	26.44	.077	342.32	2.05
AMBULANCES/AIR TRANS	36	463	6,923.36	14.95	.077	192.32	1.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.90
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	61	132	1,184.83	8.98	.022	19.42	.20
PHYSICAL THERAPIST	1	8	136.03	17.00	.001	136.03	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10	920.36	92.04	.002	230.09	.15
PROSTHETICS	3	4	263.11	65.78	.001	87.70	.04
ORTHOTICS	1	6	657.25	109.54	.001	657.25	.11
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	53	2,374.64	44.80	.009	91.33	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	800	4,448.25	5.56	.133	65.42	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,388	1,419.63	.42	.563	118.30	.24
@CALIF. CHILDREN SERVICES*	37	2,535	\$ 179,489.79	\$ 70.80	.422	\$ 4851.08	\$ 29.85
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,417
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	66	305	\$ 28,665.11	\$ 93.98	9.839	\$ 434.32	\$ 924.68
@PHYSICIANS SERVICES	29	61	\$ 2,459.98	\$ 40.33	1.968	\$ 84.83	\$ 79.35
OUTPATIENT VISITS	9	10	459.22	45.92	.323	51.02	14.81
OFFICE VISITS	4	5	102.00	20.40	.161	25.50	3.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.032	44.60	1.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	312.62	78.16	.129	78.16	10.08
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	13	1,085.72	83.52	.419	180.95	35.02

HOSPITAL VISITS	6	11		679.08	61.73	.355	113.18	21.91
CRITICAL CARE	1	2		406.64	203.32	.065	406.64	13.12
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3CR		350.94CR	116.98	.097CR	116.98CR	11.32CR
PRINCIPAL SURGEON	2	2		60.46	30.23	.065	30.23	1.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5CR		411.40CR	82.28	.161CR	137.13CR	13.27CR
OUTPATIENT SURGERY	4	16		542.86	33.93	.516	135.72	17.51
PRINCIPAL SURGEON	3	3		297.40	99.13	.097	99.13	9.59
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13		245.46	18.88	.419	245.46	7.92
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	12	22		615.08	27.96	.710	51.26	19.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3		108.04	36.01	.097	54.02	3.49
@PHARMACY	7	14	\$	448.86	\$ 32.06	.452	\$ 64.12	\$ 14.48
PRESCRIPTION DRUGS	7	14		448.86	32.06	.452	64.12	14.48
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	7	14		448.86	32.06	.452	64.12	14.48
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	6	18	\$	440.00	\$ 24.44	.581	\$ 73.33	\$ 14.19
VISITS - DIAGNOSTIC	4	12		160.00	13.33	.387	40.00	5.16
ORAL SURGERY	2	3		180.00	60.00	.097	90.00	5.81
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.032	100.00	3.23
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		.00	.00	.065	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,418
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC							
				AID CODE 83				
				----- MONTHLY AVERAGE -----				
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	26	146	\$	22,393.85	\$	153.38	4.710	\$	861.30	\$	722.38
HOSP INPATIENT TOTAL	4	9		19,254.83		2139.43	.290		4813.71		621.12
HSC HOSPITALS	1	3		3,339.00		1113.00	.097		3339.00		107.71
NON-HSC HOSPITAL TOTAL	3	6		15,915.83		2652.64	.194		5305.28		513.41
ACCOMMODATIONS	3	6		2,197.40		366.23	.194		732.47		70.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		2,197.40		366.23	.194		732.47		70.88
ANCILLARIES	3	0		13,718.43		.00	.000		4572.81		442.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	137		3,139.02		22.91	4.419		142.68		101.26
MEDICAL	10	11		424.58		38.60	.355		42.46		13.70
SURGERY	5	5		72.70		14.54	.161		14.54		2.35
PATHOLOGY	10	51		413.18		8.10	1.645		41.32		13.33
RADIOLOGY	12	17		581.23		34.19	.548		48.44		18.75
ROOM USE	17	24		739.72		30.82	.774		43.51		23.86
CROSSOVERS/ALL OTH OUTPTNT	12	29		907.61		31.30	.935		75.63		29.28
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,419
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	146	\$ 22,393.85	\$ 153.38	4.710	\$ 861.30	\$ 722.38
COMM HOSP INPATIENT TOTAL	4	9	19,254.83	2139.43	.290	4813.71	621.12
HSC HOSPITALS	1	3	3,339.00	1113.00	.097	3339.00	107.71
NON-HSC HOSPITALS TOTAL	3	6	15,915.83	2652.64	.194	5305.28	513.41
ACCOMMODATIONS	3	6	2,197.40	366.23	.194	732.47	70.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	2,197.40	366.23	.194	732.47	70.88
ANCILLARIES	3	0	13,718.43	.00	.000	4572.81	442.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	137	3,139.02	22.91	4.419	142.68	101.26
MEDICAL	10	11	424.58	38.60	.355	42.46	13.70
SURGERY	5	5	72.70	14.54	.161	14.54	2.35
PATHOLOGY	10	51	413.18	8.10	1.645	41.32	13.33

RADIOLOGY	12	17		581.23		34.19	.548	48.44	18.75
ROOM USE	17	24		739.72		30.82	.774	43.51	23.86
CROSSOVERS/ALL OTH OUTPTNT	12	29		907.61		31.30	.935	75.63	29.28
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	9	\$	317.23	\$	35.25	.290	\$ 63.45	\$ 10.23
PATHOLOGY	5	9		317.23		35.25	.290	63.45	10.23
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	21	\$	1,995.73	\$	95.03	.677	\$ 181.43	\$ 64.38
CLINIC	1	2		69.41		34.71	.065	69.41	2.24
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	11	19		1,926.32		101.39	.613	175.12	62.14

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

PAGE 18,420 01/29/04

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	36	\$ 609.46	\$ 16.93	1.161	\$ 76.18	\$ 19.66
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	34	601.14	17.68	1.097	85.88	19.39
AMBULANCES/AIR TRANS	7	34	601.14	17.68	1.097	85.88	19.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	8.32	4.16	.065	8.32	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	29CR	\$ 2,482.92	\$ 85.62CR	.935CR\$	2482.92	\$ 80.09
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

PAGE 18,421 01/29/04

6,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3,001	18,478	\$	878,175.18	\$	47.53	3.057	\$	292.63	\$	145.27
@PHYSICIANS SERVICES	670	1,484	\$	69,590.22	\$	46.89	.245	\$	103.87	\$	11.51
OUTPATIENT VISITS	404	473		18,813.28		39.77	.078		46.57		3.11
OFFICE VISITS	333	377		13,272.12		35.20	.062		39.86		2.20
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	45	51		2,382.94		46.72	.008		52.95		.39
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	25	31		2,703.65		87.21	.005		108.15		.45
OTHER OUTPATIENT	9	14		454.57		32.47	.002		50.51		.08
INPATIENT VISITS	39	203		14,500.84		71.43	.034		371.82		2.40
HOSPITAL VISITS	37	126		5,586.93		44.34	.021		151.00		.92
CRITICAL CARE	7	77		8,913.91		115.77	.013		1273.42		1.47
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	21	23		1,019.77		44.34	.004		48.56		.17
EXAMINATIONS	20	22		994.77		45.22	.004		49.74		.16
SERVICES AND MATERIALS	1	1		25.00		25.00	.000		25.00		.00
INPATIENT HOSPITAL SURGERY	29	128		15,859.28		123.90	.021		546.87		2.62
PRINCIPAL SURGEON	22	26		13,230.56		508.87	.004		601.39		2.19
ASSISTANT SURGEON	2	2		190.10		95.05	.000		95.05		.03
ANESTHESIOLOGIST	16	100		2,438.62		24.39	.017		152.41		.40
OUTPATIENT SURGERY	46	112		6,042.69		53.95	.019		131.36		1.00
PRINCIPAL SURGEON	36	46		4,295.95		93.39	.008		119.33		.71
ASSISTANT SURGEON	2	2		129.56		64.78	.000		64.78		.02
ANESTHESIOLOGIST	12	64		1,617.18		25.27	.011		134.77		.27
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	38	57		343.74		6.03	.009		9.05		.06
RADIOLOGY	194	318		8,250.07		25.94	.053		42.53		1.36
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	15		404.77		26.98	.002		50.60		.07
OTHER SERVICES/ALL X-OVERS	66	155		4,355.78		28.10	.026		66.00		.72
@PHARMACY	1,409	5,835	\$	153,453.68	\$	26.30	.965	\$	108.91	\$	25.39
PRESCRIPTION DRUGS	1,406	2,974		144,790.42		48.69	.492		102.98		23.95
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,406	2,974		144,790.42		48.69	.492		102.98		23.95
MEDICAL SUPPLIES	36	2,861		8,663.26		3.03	.473		240.65		1.43
@DENTIST	352	1,649	\$	50,166.74	\$	30.42	.273	\$	142.52	\$	8.30
VISITS - DIAGNOSTIC	264	1,123		17,961.94		15.99	.186		68.04		2.97
ORAL SURGERY	36	70		5,194.00		74.20	.012		144.28		.86
DRUGS	9	13		285.00		21.92	.002		31.67		.05
ANESTHESIA	4	4		355.00		88.75	.001		88.75		.06
PERIODONTICS	2	2		255.00		127.50	.000		127.50		.04
ENDODONTICS	15	32		3,170.00		99.06	.005		211.33		.52
RESTORATIVE DENTISTRY	122	354		17,849.80		50.42	.059		146.31		2.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	3		511.00		170.33	.000		255.50		.08
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	1	2		1,450.00		725.00	.000		1450.00		.24
ORTHODONTIC SERVICES	28	40		3,010.00		75.25	.007		107.50		.50
ALL OTHER SERVICES	4	5		75.00		15.00	.001		18.75		.01
#CALIF DEPT OF HEALTH SERV											
MOP024											
YUBA COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,422
FEE-FOR-SERVICE/DENTAL 01/29/04
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	6,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	72		210	\$ 4,691.46	\$ 22.34	.035	\$ 65.16	\$.78
DIAGNOSTIC AND ANC. PROCED	54		54	2,491.22	46.13	.009	46.13	.41
EYE APPLIANCES	54		154	2,131.63	13.84	.025	39.47	.35
OTHER OPTOMETRIC SERVICES	2		2	68.61	34.31	.000	34.31	.01

@CHIROPRACTOR	5	7	\$	117.04	\$	16.72	.001	\$	23.41	\$	.02
VISITS	5	7		117.04		16.72	.001		23.41		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	151.53	\$	50.51	.000	\$	75.77	\$	.03
MEDICINE/INJECTIONS	1	1		6.77		6.77	.000		6.77		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		144.76		72.38	.000		144.76		.02
@HOME HEALTH AGENCY	12	20	\$	998.24	\$	49.91	.003	\$	83.19	\$	.17
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	3	\$	2,237.60	\$	745.87	.000	\$	745.87	\$	.37
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	20	50	\$	796.52	\$	15.93	.008	\$	39.83	\$	.13
@TOTAL HOSPITAL	452	2,131	\$	428,031.89	\$	200.86	.353	\$	946.97	\$	70.81
HOSP INPATIENT TOTAL	47	246		375,285.71		1525.55	.041		7984.80		62.08
HSC HOSPITALS	11	105		148,746.50		1416.63	.017		13522.41		24.61
NON-HSC HOSPITAL TOTAL	37	141		226,539.21		1606.66	.023		6122.68		37.48
ACCOMMODATIONS	37	141		72,482.10		514.06	.023		1958.98		11.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	141		72,482.10		514.06	.023		1958.98		11.99
ANCILLARIES	37	0		154,057.11		.00	.000		4163.71		25.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	429	1,885		52,746.18		27.98	.312		122.95		8.73
MEDICAL	155	197		9,481.39		48.13	.033		61.17		1.57
SURGERY	49	53		2,432.21		45.89	.009		49.64		.40
PATHOLOGY	174	662		8,207.82		12.40	.110		47.17		1.36
RADIOLOGY	167	235		11,199.02		47.66	.039		67.06		1.85
ROOM USE	257	348		13,523.21		38.86	.058		52.62		2.24
CROSSOVERS/ALL OTH OUTPTNT	152	390		7,902.53		20.26	.065		51.99		1.31
@COUNTY HOSPITAL TOTAL	1	2	\$	99.04	\$	49.52	.000	\$	99.04	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		99.04		49.52	.000		99.04		.02
MEDICAL	1	1		64.61		64.61	.000		64.61		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,423
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	6,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	451	2,129	\$	427,932.85	\$ 201.00	.352	\$ 948.85	\$ 70.79
COMM HOSP INPATIENT TOTAL	47	246		375,285.71	1525.55	.041	7984.80	62.08
HSC HOSPITALS	11	105		148,746.50	1416.63	.017	13522.41	24.61
NON-HSC HOSPITALS TOTAL	37	141		226,539.21	1606.66	.023	6122.68	37.48
ACCOMMODATIONS	37	141		72,482.10	514.06	.023	1958.98	11.99

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	141	72,482.10	514.06	.023	1958.98	11.99
ANCILLARIES	37	0	154,057.11	.00	.000	4163.71	25.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	428	1,883	52,647.14	27.96	.311	123.01	8.71
MEDICAL	154	196	9,416.78	48.04	.032	61.15	1.56
SURGERY	49	53	2,432.21	45.89	.009	49.64	.40
PATHOLOGY	174	662	8,207.82	12.40	.110	47.17	1.36
RADIOLOGY	167	235	11,199.02	47.66	.039	67.06	1.85
ROOM USE	256	347	13,488.78	38.87	.057	52.69	2.23
CROSSOVERS/ALL OTH OUTPTNT	152	390	7,902.53	20.26	.065	51.99	1.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	7	\$ 353.45	\$ 50.49	.001	\$ 88.36	\$.06
HOSPITAL BASED	4	7	353.45	50.49	.001	88.36	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	189	651	\$ 10,427.44	\$ 16.02	.108	\$ 55.17	\$ 1.72
PATHOLOGY	189	651	10,427.44	16.02	.108	55.17	1.72
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,005	1,502	\$ 128,336.08	\$ 85.44	.248	\$ 127.70	\$ 21.23
CLINIC	36	102	2,625.22	25.74	.017	72.92	.43
SURGICENTER	3	10	361.21	36.12	.002	120.40	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	971	1,390	125,349.65	90.18	.230	129.09	20.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,424
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

					----- MONTHLY AVERAGE -----			
6,045 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	235	4,926	\$ 28,823.29	\$ 5.85	.815	\$ 122.65	\$ 4.77	
DURABLE MED. EQUIP.	14	22	4,251.73	193.26	.004	303.70	.70	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	43	500	12,924.50	25.85	.083	300.57	2.14	
AMBULANCES/AIR TRANS	43	497	7,524.50	15.14	.082	174.99	1.24	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.89	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.19	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	

OPTICIAN	62	134		1,193.15	8.90	.022	19.24	.20
PHYSICAL THERAPIST	1	8		136.03	17.00	.001	136.03	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10		920.36	92.04	.002	230.09	.15
PROSTHETICS	3	4		263.11	65.78	.001	87.70	.04
ORTHOTICS	1	6		657.25	109.54	.001	657.25	.11
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	53		2,374.64	44.80	.009	91.33	.39
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	800		4,448.25	5.56	.132	65.42	.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,388		1,419.63	.42	.560	118.30	.23
@CALIF. CHILDREN SERVICES*	38	2,506	\$	181,972.71	\$ 72.61	.415	\$ 4788.76	\$ 30.10

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,425
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024
YUBA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,428
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,429
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	119	764	\$ 72,308.75	\$ 94.64	8.396	\$ 607.64	\$ 794.60
@PHYSICIANS SERVICES	47	88	\$ 8,296.68	\$ 94.28	.967	\$ 176.53	\$ 91.17
OUTPATIENT VISITS	15	15	1,329.21	88.61	.165	88.61	14.61
OFFICE VISITS	7	7	474.10	67.73	.077	67.73	5.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.011	68.35	.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	7	786.76	112.39	.077	112.39	8.65
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	14	546.84	39.06	.154	91.14	6.01
HOSPITAL VISITS	6	14	546.84	39.06	.154	91.14	6.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	15	3,908.46	260.56	.165	488.56	42.95
PRINCIPAL SURGEON	5	6	3,551.40	591.90	.066	710.28	39.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9	357.06	39.67	.099	119.02	3.92
OUTPATIENT SURGERY	6	9	1,271.78	141.31	.099	211.96	13.98
PRINCIPAL SURGEON	6	9	1,271.78	141.31	.099	211.96	13.98
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	6		270.56		45.09	.066	90.19	2.97
RADIOLOGY	22	23		869.14		37.79	.253	39.51	9.55
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		57.76		57.76	.011	57.76	.63
OTHER SERVICES/ALL X-OVERS	5	5		42.93		8.59	.055	8.59	.47
@PHARMACY	41	87	\$	2,287.32	\$	26.29	.956	\$ 55.79	\$ 25.14
PRESCRIPTION DRUGS	41	86		2,274.01		26.44	.945	55.46	24.99
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	41	86		2,274.01		26.44	.945	55.46	24.99
MEDICAL SUPPLIES	1	1		13.31		13.31	.011	13.31	.15
@DENTIST	1	3	\$	11.00	\$	3.67	.033	\$ 11.00	\$.12
VISITS - DIAGNOSTIC	1	3		11.00		3.67	.033	11.00	.12
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,430
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1 \$	47.45	\$ 47.45	.011	\$ 47.45	\$.52
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.011	47.45	.52
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.011	\$ 16.72	\$.18
VISITS	1	1	16.72	16.72	.011	16.72	.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	12	130 \$	2,594.61	\$ 19.96	1.429	\$ 216.22	\$ 28.51
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	57	298 \$	51,899.86	\$ 174.16	3.275	\$ 910.52	\$ 570.33
HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
ACCOMMODATIONS	11	38	13,305.24	350.14	.418	1209.57	146.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	13,305.24	350.14	.418	1209.57	146.21
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	350.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	260	6,669.06	25.65	2.857	123.50	73.29
MEDICAL	6	10	406.68	40.67	.110	67.78	4.47
SURGERY	2	2	38.12	19.06	.022	19.06	.42
PATHOLOGY	32	110	1,574.05	14.31	1.209	49.19	17.30
RADIOLOGY	19	19	1,287.03	67.74	.209	67.74	14.14
ROOM USE	18	36	1,187.38	32.98	.396	65.97	13.05
CROSSOVERS/ALL OTH OUTPTNT	18	83	2,175.80	26.21	.912	120.88	23.91
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,431
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	298	\$ 51,899.86	\$ 174.16	3.275	\$ 910.52	\$ 570.33
COMM HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
ACCOMMODATIONS	11	38	13,305.24	350.14	.418	1209.57	146.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	13,305.24	350.14	.418	1209.57	146.21
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	350.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	260	6,669.06	25.65	2.857	123.50	73.29
MEDICAL	6	10	406.68	40.67	.110	67.78	4.47
SURGERY	2	2	38.12	19.06	.022	19.06	.42
PATHOLOGY	32	110	1,574.05	14.31	1.209	49.19	17.30
RADIOLOGY	19	19	1,287.03	67.74	.209	67.74	14.14
ROOM USE	18	36	1,187.38	32.98	.396	65.97	13.05
CROSSOVERS/ALL OTH OUTPTNT	18	83	2,175.80	26.21	.912	120.88	23.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	79	\$ 1,222.89	\$ 15.48	.868	\$ 58.23	\$ 13.44
PATHOLOGY	21	79	1,222.89	15.48	.868	58.23	13.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	39	72	\$ 5,407.22	\$ 75.10	.791	\$ 138.65	\$ 59.42
CLINIC	1	8	407.62	50.95	.088	407.62	4.48
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

38 64 4,999.60
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT

78.12 .703 131.57 54.94
PAGE 18,432
01/29/04
AID CODE 86

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	5	\$ 525.00	\$ 105.00	.055	\$ 105.00	\$ 5.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.055	105.00	5.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,433
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	119	764	\$ 72,308.75	\$ 94.64	8.396	\$ 607.64	\$ 794.60
@PHYSICIANS SERVICES	47	88	\$ 8,296.68	\$ 94.28	.967	\$ 176.53	\$ 91.17
OUTPATIENT VISITS	15	15	1,329.21	88.61	.165	88.61	14.61
OFFICE VISITS	7	7	474.10	67.73	.077	67.73	5.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.011	68.35	.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	7	786.76	112.39	.077	112.39	8.65
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	14	546.84	39.06	.154	91.14	6.01
HOSPITAL VISITS	6	14	546.84	39.06	.154	91.14	6.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00		.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	15		3,908.46	260.56	.165	488.56	42.95
PRINCIPAL SURGEON	5	6		3,551.40	591.90	.066	710.28	39.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9		357.06	39.67	.099	119.02	3.92
OUTPATIENT SURGERY	6	9		1,271.78	141.31	.099	211.96	13.98
PRINCIPAL SURGEON	6	9		1,271.78	141.31	.099	211.96	13.98
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		270.56	45.09	.066	90.19	2.97
RADIOLOGY	22	23		869.14	37.79	.253	39.51	9.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		57.76	57.76	.011	57.76	.63
OTHER SERVICES/ALL X-OVERS	5	5		42.93	8.59	.055	8.59	.47
@PHARMACY	41	87	\$	2,287.32	\$ 26.29	.956	\$ 55.79	\$ 25.14
PRESCRIPTION DRUGS	41	86		2,274.01	26.44	.945	55.46	24.99
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	41	86		2,274.01	26.44	.945	55.46	24.99
MEDICAL SUPPLIES	1	1		13.31	13.31	.011	13.31	.15
@DENTIST	1	3	\$	11.00	\$ 3.67	.033	\$ 11.00	\$.12
VISITS - DIAGNOSTIC	1	3		11.00	3.67	.033	11.00	.12
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,434
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$ 47.45	.011	\$ 47.45	\$.52
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.011	47.45	.52
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.011	\$ 16.72	\$.18
VISITS	1	1		16.72	16.72	.011	16.72	.18
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	12	130	\$	2,594.61	\$ 19.96	1.429	\$ 216.22	\$ 28.51
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	57	298	\$	51,899.86	\$ 174.16	3.275	\$ 910.52	\$ 570.33

HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
ACCOMMODATIONS	11	38	13,305.24	350.14	.418	1209.57	146.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	13,305.24	350.14	.418	1209.57	146.21
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	350.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	260	6,669.06	25.65	2.857	123.50	73.29
MEDICAL	6	10	406.68	40.67	.110	67.78	4.47
SURGERY	2	2	38.12	19.06	.022	19.06	.42
PATHOLOGY	32	110	1,574.05	14.31	1.209	49.19	17.30
RADIOLOGY	19	19	1,287.03	67.74	.209	67.74	14.14
ROOM USE	18	36	1,187.38	32.98	.396	65.97	13.05

CROSSEOVERS/ALL OTH OUTPTNT	18	83		2,175.80		26.21	.912	120.88	23.91
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,435
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	57	298	\$ 51,899.86	\$ 174.16	3.275	\$ 910.52	\$ 570.33	
COMM HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04	
ACCOMMODATIONS	11	38	13,305.24	350.14	.418	1209.57	146.21	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	38	13,305.24	350.14	.418	1209.57	146.21	
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	350.83	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	54	260	6,669.06	25.65	2.857	123.50	73.29	
MEDICAL	6	10	406.68	40.67	.110	67.78	4.47	
SURGERY	2	2	38.12	19.06	.022	19.06	.42	
PATHOLOGY	32	110	1,574.05	14.31	1.209	49.19	17.30	
RADIOLOGY	19	19	1,287.03	67.74	.209	67.74	14.14	
ROOM USE	18	36	1,187.38	32.98	.396	65.97	13.05	
CROSSEOVERS/ALL OTH OUTPTNT	18	83	2,175.80	26.21	.912	120.88	23.91	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	79	\$	1,222.89	\$	15.48	.868	\$	58.23	\$	13.44
PATHOLOGY	21	79		1,222.89		15.48	.868		58.23		13.44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	39	72	\$	5,407.22	\$	75.10	.791	\$	138.65	\$	59.42
CLINIC	1	8		407.62		50.95	.088		407.62		4.48
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	64		4,999.60		78.12	.703		131.57		54.94

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 18,436 01/29/04

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	5	\$ 525.00	\$ 105.00	.055	\$ 105.00	\$ 5.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.055	105.00	5.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,437
	FEE-FOR-SERVICE/DENTAL	01/29/04
	SUMMARY OF SERVICES FOR MIA - SOC - LTC	

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	48	1,748	\$ 181,863.71	\$ 104.04	34.275	\$ 3788.83	\$ 3565.96
@PHYSICIANS SERVICES	24	33	\$ 767.82	\$ 23.27	.647	\$ 31.99	\$ 15.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	21	29		713.40	24.60	.569	33.97	13.99
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	21	29		713.40	24.60	.569	33.97	13.99
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		21.65	10.83	.039	10.83	.42
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		32.77	16.39	.039	16.39	.64
@PHARMACY	40	288	\$	29,416.71	\$ 102.14	5.647	\$ 735.42	\$ 576.80
PRESCRIPTION DRUGS	40	272		29,006.57	106.64	5.333	725.16	568.76
SNF/ICF	34	252		16,436.23	65.22	4.941	483.42	322.28
OUTPATIENTS	13	20		12,570.34	628.52	.392	966.95	246.48
MEDICAL SUPPLIES	6	16		410.14	25.63	.314	68.36	8.04
@DENTIST	3	6	\$	1,020.00	\$ 170.00	.118	\$ 340.00	\$ 20.00
VISITS - DIAGNOSTIC	2	4		120.00	30.00	.078	60.00	2.35
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.039	900.00	17.65
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 18,438

01/29/04

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 68.76	\$ 34.38	.039	\$ 68.76	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.020	47.45	.93
EYE APPLIANCES	1	1	21.31	21.31	.020	21.31	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 114.40	\$ 57.20	.039	\$ 57.20	\$ 2.24

MEDICINE/INJECTIONS	2	2		114.40	57.20	.039	57.20	2.24
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	9	48	\$	1,879.84	39.16	.941	208.87	36.86
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	48		1,879.84	39.16	.941	208.87	36.86
MEDICAL	5	10		717.46	71.75	.196	143.49	14.07
SURGERY	5	5		250.51	50.10	.098	50.10	4.91
PATHOLOGY	3	17		184.50	10.85	.333	61.50	3.62
RADIOLOGY	3	3		242.60	80.87	.059	80.87	4.76
ROOM USE	6	7		346.23	49.46	.137	57.71	6.79
CROSSOVERS/ALL OTH OUTPTNT	4	6		138.54	23.09	.118	34.64	2.72
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,439
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

	51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	48	\$	1,879.84	\$ 39.16	.941	\$ 208.87	\$ 36.86
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	48		1,879.84	39.16	.941	208.87	36.86
MEDICAL	5	10		717.46	71.75	.196	143.49	14.07
SURGERY	5	5		250.51	50.10	.098	50.10	4.91
PATHOLOGY	3	17		184.50	10.85	.333	61.50	3.62
RADIOLOGY	3	3		242.60	80.87	.059	80.87	4.76
ROOM USE	6	7		346.23	49.46	.137	57.71	6.79
CROSSOVERS/ALL OTH OUTPTNT	4	6		138.54	23.09	.118	34.64	2.72
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	41	1,270	\$	141,236.48	\$ 111.21	24.902	\$ 3444.79	\$ 2769.34
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	41	1,270		141,236.48	111.21	24.902	3444.79	2769.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	39	\$	534.18	\$ 13.70	.765	\$ 59.35	\$ 10.47
PATHOLOGY	9	39		534.18	13.70	.765	59.35	10.47
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							
	AID CODE 53							

PAGE 18,440
01/29/04

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	60	\$ 6,825.52	\$ 113.76	1.176	\$ 682.55	\$ 133.83
DURABLE MED. EQUIP.	1	2	580.59	290.30	.039	580.59	11.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	36	1,024.54	28.46	.706	146.36	20.09
AMBULANCES/AIR TRANS	7	36	1,024.54	28.46	.706	146.36	20.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	22	5,220.39	237.29	.431	2610.20	102.36
PROSTHETICS	2	22	5,220.39	237.29	.431	2610.20	102.36
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

	0	OR DAYS OF CARE	0	\$	.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
LEV B-REGULAR	0		0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00	.00	.000	.00	.00
ICF DD	0		0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0		0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
XO AND OTHERS	0		0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00	.00	.000	.00	.00
SURGICENTER	0		0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0		0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0		0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

PAGE 18,444 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,445
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	48	1,748	\$ 181,863.71	\$ 104.04	34.275	\$ 3788.83	\$ 3565.96
@PHYSICIANS SERVICES	24	33	\$ 767.82	\$ 23.27	.647	\$ 31.99	\$ 15.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	21	29	713.40	24.60	.569	33.97	13.99
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	21	29	713.40	24.60	.569	33.97	13.99
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	21.65	10.83	.039	10.83	.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	32.77	16.39	.039	16.39	.64
@PHARMACY	40	288	\$ 29,416.71	\$ 102.14	5.647	\$ 735.42	\$ 576.80
PRESCRIPTION DRUGS	40	272	29,006.57	106.64	5.333	725.16	568.76
SNF/ICF	34	252	16,436.23	65.22	4.941	483.42	322.28
OUTPATIENTS	13	20	12,570.34	628.52	.392	966.95	246.48
MEDICAL SUPPLIES	6	16	410.14	25.63	.314	68.36	8.04
@DENTIST	3	6	\$ 1,020.00	\$ 170.00	.118	\$ 340.00	\$ 20.00
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.078	60.00	2.35
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	2	900.00	450.00	.039	900.00	17.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,446
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 68.76	\$ 34.38	.039	\$ 68.76	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.020	47.45	.93
EYE APPLIANCES	1	1	21.31	21.31	.020	21.31	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 114.40	\$ 57.20	.039	\$ 57.20	\$ 2.24
MEDICINE/INJECTIONS	2	2	114.40	57.20	.039	57.20	2.24
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	48	\$ 1,879.84	\$ 39.16	.941	\$ 208.87	\$ 36.86
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	48	1,879.84	39.16	.941	208.87	36.86
MEDICAL	5	10	717.46	71.75	.196	143.49	14.07
SURGERY	5	5	250.51	50.10	.098	50.10	4.91
PATHOLOGY	3	17	184.50	10.85	.333	61.50	3.62
RADIOLOGY	3	3	242.60	80.87	.059	80.87	4.76
ROOM USE	6	7	346.23	49.46	.137	57.71	6.79
CROSSOVERS/ALL OTH OUTPTNT	4	6	138.54	23.09	.118	34.64	2.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,447
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	48	\$ 1,879.84	\$ 39.16	.941	\$ 208.87	\$ 36.86
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	48	1,879.84	39.16	.941	208.87	36.86
MEDICAL	5	10	717.46	71.75	.196	143.49	14.07
SURGERY	5	5	250.51	50.10	.098	50.10	4.91
PATHOLOGY	3	17	184.50	10.85	.333	61.50	3.62
RADIOLOGY	3	3	242.60	80.87	.059	80.87	4.76
ROOM USE	6	7	346.23	49.46	.137	57.71	6.79
CROSSOVERS/ALL OTH OUTPTNT	4	6	138.54	23.09	.118	34.64	2.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	41	1,270	\$ 141,236.48	\$ 111.21	24.902	\$ 3444.79	\$ 2769.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	41	1,270	141,236.48	111.21	24.902	3444.79	2769.34
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	39	\$ 534.18	\$ 13.70	.765	\$ 59.35	\$ 10.47
PATHOLOGY	9	39	534.18	13.70	.765	59.35	10.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,448
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	60	\$ 6,825.52	\$ 113.76	1.176	\$ 682.55	\$ 133.83
DURABLE MED. EQUIP.	1	2	580.59	290.30	.039	580.59	11.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	36	1,024.54	28.46	.706	146.36	20.09
AMBULANCES/AIR TRANS	7	36	1,024.54	28.46	.706	146.36	20.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	22	5,220.39	237.29	.431	2610.20	102.36
PROSTHETICS	2	22	5,220.39	237.29	.431	2610.20	102.36
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

PAGE 18,449
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,450
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,451
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,452
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,453
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	167	2,512	\$ 254,172.46	\$ 101.18	17.690	\$ 1521.99	\$ 1789.95
@PHYSICIANS SERVICES	71	121	\$ 9,064.50	\$ 74.91	.852	\$ 127.67	\$ 63.83
OUTPATIENT VISITS	15	15	1,329.21	88.61	.106	88.61	9.36
OFFICE VISITS	7	7	474.10	67.73	.049	67.73	3.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.007	68.35	.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	7	786.76	112.39	.049	112.39	5.54

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	27	43		1,260.24	29.31	.303	46.68	8.87
HOSPITAL VISITS	6	14		546.84	39.06	.099	91.14	3.85
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	21	29		713.40	24.60	.204	33.97	5.02
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	15		3,908.46	260.56	.106	488.56	27.52
PRINCIPAL SURGEON	5	6		3,551.40	591.90	.042	710.28	25.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9		357.06	39.67	.063	119.02	2.51
OUTPATIENT SURGERY	6	9		1,271.78	141.31	.063	211.96	8.96
PRINCIPAL SURGEON	6	9		1,271.78	141.31	.063	211.96	8.96
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	6		270.56	45.09	.042	90.19	1.91
RADIOLOGY	24	25		890.79	35.63	.176	37.12	6.27
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		57.76	57.76	.007	57.76	.41
OTHER SERVICES/ALL X-OVERS	7	7		75.70	10.81	.049	10.81	.53
@PHARMACY	81	375	\$	31,704.03	\$ 84.54	2.641	\$ 391.41	\$ 223.27
PRESCRIPTION DRUGS	81	358		31,280.58	87.38	2.521	386.18	220.29
SNF/ICF	34	252		16,436.23	65.22	1.775	483.42	115.75
OUTPATIENTS	54	106		14,844.35	140.04	.746	274.90	104.54
MEDICAL SUPPLIES	7	17		423.45	24.91	.120	60.49	2.98
@DENTIST	4	9	\$	1,031.00	\$ 114.56	.063	\$ 257.75	\$ 7.26
VISITS - DIAGNOSTIC	3	7		131.00	18.71	.049	43.67	.92
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.014	900.00	6.34
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

PAGE 18,454 01/29/04

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	3	\$ 116.21	\$ 38.74	.021	\$ 58.11	\$.82
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.014	47.45	.67
EYE APPLIANCES	1	1	21.31	21.31	.007	21.31	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.007	\$ 16.72	\$.12
VISITS	1	1	16.72	16.72	.007	16.72	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 114.40	\$ 57.20	.014	\$ 57.20	\$.81
MEDICINE/INJECTIONS	2	2	114.40	57.20	.014	57.20	.81
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	12	130	\$	2,594.61	\$	19.96	.915	\$	216.22	\$	18.27
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	66	346	\$	53,779.70	\$	155.43	2.437	\$	814.84	\$	378.73
HOSP INPATIENT TOTAL	11	38		45,230.80		1190.28	.268		4111.89		318.53
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	11	38		45,230.80		1190.28	.268		4111.89		318.53
ACCOMMODATIONS	11	38		13,305.24		350.14	.268		1209.57		93.70
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	38		13,305.24		350.14	.268		1209.57		93.70
ANCILLARIES	11	0		31,925.56		.00	.000		2902.32		224.83
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	63	308	8,548.90	27.76	2.169	135.70	60.20
MEDICAL	11	20	1,124.14	56.21	.141	102.19	7.92
SURGERY	7	7	288.63	41.23	.049	41.23	2.03
PATHOLOGY	35	127	1,758.55	13.85	.894	50.24	12.38
RADIOLOGY	22	22	1,529.63	69.53	.155	69.53	10.77
ROOM USE	24	43	1,533.61	35.67	.303	63.90	10.80
CROSSOVERS/ALL OTH OUTPTNT	22	89	2,314.34	26.00	.627	105.20	16.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,455
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	346	\$ 53,779.70	\$ 155.43	2.437	\$ 814.84	\$ 378.73
COMM HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.268	4111.89	318.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	11	38	45,230.80	1190.28	.268	4111.89	318.53
ACCOMMODATIONS	11	38	13,305.24	350.14	.268	1209.57	93.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	13,305.24	350.14	.268	1209.57	93.70
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	224.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	63	308	8,548.90	27.76	2.169	135.70	60.20
MEDICAL	11	20	1,124.14	56.21	.141	102.19	7.92
SURGERY	7	7	288.63	41.23	.049	41.23	2.03
PATHOLOGY	35	127	1,758.55	13.85	.894	50.24	12.38
RADIOLOGY	22	22	1,529.63	69.53	.155	69.53	10.77
ROOM USE	24	43	1,533.61	35.67	.303	63.90	10.80
CROSSOVERS/ALL OTH OUTPTNT	22	89	2,314.34	26.00	.627	105.20	16.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	41	1,270	\$ 141,236.48	\$ 111.21	8.944	\$ 3444.79	\$ 994.62
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	41	1,270	141,236.48	111.21	8.944	3444.79	994.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	118	\$ 1,757.07	\$ 14.89	.831	\$ 58.57	\$ 12.37
PATHOLOGY	30	118	1,757.07	14.89	.831	58.57	12.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	39	72	\$ 5,407.22	\$ 75.10	.507	\$ 138.65	\$ 38.08
CLINIC	1	8	407.62	50.95	.056	407.62	2.87
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	38	64	4,999.60	78.12	.451	131.57	35.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,456
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	65	\$ 7,350.52	\$ 113.08	.458	\$ 490.03	\$ 51.76
DURABLE MED. EQUIP.	1	2	580.59	290.30	.014	580.59	4.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	36	1,024.54	28.46	.254	146.36	7.22
AMBULANCES/AIR TRANS	7	36	1,024.54	28.46	.254	146.36	7.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.035	105.00	3.70
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	22	5,220.39	237.29	.155	2610.20	36.76
PROSTHETICS	2	22	5,220.39	237.29	.155	2610.20	36.76
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,457
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL AGED	

----- MONTHLY AVERAGE -----

12,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,857	279,416	\$ 8,241,887.07	\$ 29.50	23.129	\$ 836.15	\$ 682.22
@PHYSICIANS SERVICES	2,134	6,395	\$ 90,195.24	\$ 14.10	.529	\$ 42.27	\$ 7.47
OUTPATIENT VISITS	44	58	2,192.24	37.80	.005	49.82	.18
OFFICE VISITS	43	56	2,079.29	37.13	.005	48.36	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	112.95	56.48	.000	112.95	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	59	3,550.16	60.17	.005	591.69	.29
HOSPITAL VISITS	6	41	1,800.26	43.91	.003	300.04	.15
CRITICAL CARE	3	18	1,749.90	97.22	.001	583.30	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	11	568.37	51.67	.001	63.15	.05
EXAMINATIONS	9	11	568.37	51.67	.001	63.15	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19	1,146.30	60.33	.002	286.58	.09
PRINCIPAL SURGEON	4	6	723.75	120.63	.000	180.94	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	422.55	32.50	.001	211.28	.03
OUTPATIENT SURGERY	11	24	3,194.12	133.09	.002	290.37	.26
PRINCIPAL SURGEON	9	10	2,871.47	287.15	.001	319.05	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	322.65	23.05	.001	161.33	.03
DIALYSIS	4	14	889.16	63.51	.001	222.29	.07
PATHOLOGY	5	29	72.27	2.49	.002	14.45	.01
RADIOLOGY	51	147	2,661.00	18.10	.012	52.18	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2,045	6,034	75,921.62	12.58	.499	37.13	6.28
@PHARMACY	8,087	121,112	\$ 2,601,037.39	\$ 21.48	10.025	\$ 321.63	\$ 215.30
PRESCRIPTION DRUGS	7,954	34,080	2,521,631.29	73.99	2.821	317.03	208.73
SNF/ICF	1,053	7,008	378,417.95	54.00	.580	359.37	31.32
OUTPATIENTS	6,917	27,072	2,143,213.34	79.17	2.241	309.85	177.40
MEDICAL SUPPLIES	930	87,032	79,406.10	.91	7.204	85.38	6.57
@DENTIST	480	1,573	\$ 85,510.90	\$ 54.36	.130	\$ 178.15	\$ 7.08
VISITS - DIAGNOSTIC	323	917	12,549.90	13.69	.076	38.85	1.04
ORAL SURGERY	56	196	8,550.00	43.62	.016	152.68	.71
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	21	21	3,100.00	147.62	.002	147.62	.26
ENDODONTICS	12	16	3,340.00	208.75	.001	278.33	.28
RESTORATIVE DENTISTRY	90	203	17,427.00	85.85	.017	193.63	1.44
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	98	213	40,414.00	189.74	.018	412.39	3.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,458
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

12,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	252	657	\$ 12,442.23	\$ 18.94	.054	\$ 49.37	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	26	26	1,004.83	38.65	.002	38.65	.08

EYE APPLIANCES	199	553		9,891.27	17.89	.046	49.70	.82
OTHER OPTOMETRIC SERVICES	51	78		1,546.13	19.82	.006	30.32	.13
@CHIROPRACTOR	12	24	\$	297.94	\$ 12.41	.002	\$ 24.83	\$.02
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	24		297.94	12.41	.002	24.83	.02
@PODIATRIST	156	199	\$	2,059.74	\$ 10.35	.016	\$ 13.20	\$.17
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	156	199		2,059.74	10.35	.016	13.20	.17
@HOME HEALTH AGENCY	1	4	\$	299.44	\$ 74.86	.000	\$ 299.44	\$.02
NURSE ANESTHESIST	4	64	\$	205.37	\$ 3.21	.005	\$ 51.34	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	5	\$	99.03	\$ 19.81	.000	\$ 99.03	\$.01
@TOTAL HOSPITAL	703	3,021	\$	579,181.89	\$ 191.72	.250	\$ 823.87	\$ 47.94
HOSP INPATIENT TOTAL	261	1,064		527,584.79	495.85	.088	2021.40	43.67
HSC HOSPITALS	4	16		14,953.37	934.59	.001	3738.34	1.24
NON-HSC HOSPITAL TOTAL	27	166		328,556.94	1979.26	.014	12168.78	27.20
ACCOMMODATIONS	27	166		69,174.72	416.72	.014	2562.03	5.73
ADMINISTRATIVE DAYS	1	10		2,216.40	221.64	.001	2216.40	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	156		66,958.32	429.22	.013	2479.94	5.54
ANCILLARIES	27	0		259,382.22	.00	.000	9606.75	21.47
INPATIENT CROSSOVERS	230	882		184,074.48	208.70	.073	800.32	15.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	478	1,957		51,597.10	26.37	.162	107.94	4.27
MEDICAL	16	29		1,092.46	37.67	.002	68.28	.09
SURGERY	5	6		464.55	77.43	.000	92.91	.04
PATHOLOGY	17	65		702.43	10.81	.005	41.32	.06
RADIOLOGY	21	29		1,908.09	65.80	.002	90.86	.16
ROOM USE	14	25		1,437.02	57.48	.002	102.64	.12
CROSSOVERS/ALL OTH OUTPTNT	448	1,803		45,992.55	25.51	.149	102.66	3.81
@COUNTY HOSPITAL TOTAL	4	20	\$	279.53	\$ 13.98	.002	\$ 69.88	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20		279.53	13.98	.002	69.88	.02
MEDICAL	2	4		76.83	19.21	.000	38.42	.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		4.40	4.40	.000	4.40	.00
RADIOLOGY	1	1		24.39	24.39	.000	24.39	.00
ROOM USE	2	4		139.76	34.94	.000	69.88	.01
CROSSOVERS/ALL OTH OUTPTNT	3	10		34.15	3.42	.001	11.38	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

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12,081 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	699		3,001	\$ 578,902.36	\$ 192.90	.248	\$ 828.19	\$ 47.92
COMM HOSP INPATIENT TOTAL	261		1,064	527,584.79	495.85	.088	2021.40	43.67
HSC HOSPITALS	4		16	14,953.37	934.59	.001	3738.34	1.24

NON-HSC HOSPITALS TOTAL	27	166		328,556.94	1979.26	.014	12168.78	27.20
ACCOMMODATIONS	27	166		69,174.72	416.72	.014	2562.03	5.73
ADMINISTRATIVE DAYS	1	10		2,216.40	221.64	.001	2216.40	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	156		66,958.32	429.22	.013	2479.94	5.54
ANCILLARIES	27	0		259,382.22	.00	.000	9606.75	21.47
INPATIENT CROSSOVERS	230	882		184,074.48	208.70	.073	800.32	15.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	474	1,937		51,317.57	26.49	.160	108.26	4.25
MEDICAL	14	25		1,015.63	40.63	.002	72.55	.08
SURGERY	5	6		464.55	77.43	.000	92.91	.04
PATHOLOGY	16	64		698.03	10.91	.005	43.63	.06
RADIOLOGY	20	28		1,883.70	67.28	.002	94.19	.16
ROOM USE	12	21		1,297.26	61.77	.002	108.11	.11
CROSSOVERS/ALL OTH OUTPTNT	445	1,793		45,958.40	25.63	.148	103.28	3.80
@STATE HOSPITAL	12	365	\$	188,665.98	\$ 516.89	.030	\$ 15722.17	\$ 15.62

MENTALLY ILL	12	365		188,665.98		516.89	.030	15722.17	15.62
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,310	37,147	\$	4,097,648.39	\$	110.31	3.075	\$ 3127.98	\$ 339.18
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	11	334		35,481.20		106.23	.028	3225.56	2.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,299	36,813		4,062,167.19		110.35	3.047	3127.15	336.24
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	104	237	\$	79,960.99	\$	337.39	.020	\$ 768.86	\$ 6.62
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	104	237		79,960.99		337.39	.020	768.86	6.62
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	52	180	\$	2,371.43	\$	13.17	.015	\$ 45.60	\$.20
PATHOLOGY	32	156		2,053.40		13.16	.013	64.17	.17
XO AND OTHERS	20	24		318.03		13.25	.002	15.90	.03
@ORGANIZED OUTPATIENT CLINIC	1,560	2,815	\$	93,599.18	\$	33.25	.233	\$ 60.00	\$ 7.75
CLINIC	3	27		526.92		19.52	.002	175.64	.04
SURGICENTER	23	33		4,066.50		123.23	.003	176.80	.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,535	2,755		89,005.76		32.31	.228	57.98	7.37
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			----- MONTHLY AVERAGE -----					
12,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,285	105,618	\$ 408,311.93	\$ 3.87	8.742	\$ 178.69	\$ 33.80	
DURABLE MED. EQUIP.	82	214	15,149.60	70.79	.018	184.75	1.25	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	75	89	27,509.52	309.10	.007	366.79	2.28	
MEDICAL TRANSPORTATION	237	23,304	82,415.46	3.54	1.929	347.74	6.82	
AMBULANCES/AIR TRANS	10	98	1,384.33	14.13	.008	138.43	.11	
OTHER TRANS	160	22,296	77,751.22	3.49	1.846	485.95	6.44	
OTHER SERVICES	73	910	3,279.91	3.60	.075	44.93	.27	
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00	
ADULT DAY HEALTH CARE CTR	8	194	13,363.18	68.88	.016	1670.40	1.11	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	362	1,988	133,431.20	67.12	.165	368.59	11.04	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	242	543	7,245.04	13.34	.045	29.94	.60	
PHYSICAL THERAPIST	5	19	127.83	6.73	.002	25.57	.01	
PORTABLE X-RAY	24	41	123.12	3.00	.003	5.13	.01	
PROSTHETIST/ORTHOTISTS	28	47	1,068.71	22.74	.004	38.17	.09	
PROSTHETICS	28	47	1,068.71	22.74	.004	38.17	.09	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	48	95	7,254.09	76.36	.008	151.13	.60	
HOSPICE SERVICES	17	361	39,880.58	110.47	.030	2345.92	3.30	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5	20	249.48	12.47	.002	49.90	.02	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	1,454	78,701		80,450.87		1.02	6.514	55.33	6.66
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	3,892	56,399	\$	695,688.63	\$	12.34	4.668	178.75	57.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	617	21,593	\$ 577,520.67	\$ 26.75	26.047 \$ 936.01 \$ 696.65
@PHYSICIANS SERVICES	211	911	\$ 30,542.59	\$ 33.53	1.099 \$ 144.75 \$ 36.84
OUTPATIENT VISITS	69	100	3,404.84	34.05	.121 49.35 4.11
OFFICE VISITS	65	96	3,297.50	34.35	.116 50.73 3.98
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	0	0	.00	.00	.000 .00 .00
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	4	4	107.34	26.84	.005 26.84 .13
INPATIENT VISITS	12	46	2,463.60	53.56	.055 205.30 2.97
HOSPITAL VISITS	11	43	2,098.80	48.81	.052 190.80 2.53
CRITICAL CARE	2	3	364.80	121.60	.004 182.40 .44
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	24	26	1,110.81	42.72	.031 46.28 1.34
EXAMINATIONS	23	25	1,090.81	43.63	.030 47.43 1.32
SERVICES AND MATERIALS	1	1	20.00	20.00	.001 20.00 .02
INPATIENT HOSPITAL SURGERY	5	7	2,610.77	372.97	.008 522.15 3.15
PRINCIPAL SURGEON	5	7	2,610.77	372.97	.008 522.15 3.15
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	19	67	7,364.49	109.92	.081 387.60 8.88
PRINCIPAL SURGEON	14	22	5,738.51	260.84	.027 409.89 6.92
ASSISTANT SURGEON	2	2	489.20	244.60	.002 244.60 .59
ANESTHESIOLOGIST	8	43	1,136.78	26.44	.052 142.10 1.37
DIALYSIS	18	46	3,840.24	83.48	.055 213.35 4.63
PATHOLOGY	12	16	132.92	8.31	.019 11.08 .16
RADIOLOGY	46	100	2,299.02	22.99	.121 49.98 2.77
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	4	8	153.50	19.19	.010 38.38 .19
OTHER SERVICES/ALL X-OVERS	117	495	7,162.40	14.47	.597 61.22 8.64
@PHARMACY	507	5,688	\$ 191,584.29	\$ 33.68	6.861 \$ 377.88 \$ 231.10
PRESCRIPTION DRUGS	496	2,133	173,193.52	81.20	2.573 349.18 208.92
SNF/ICF	6	42	2,145.92	51.09	.051 357.65 2.59
OUTPATIENTS	490	2,091	171,047.60	81.80	2.522 349.08 206.33
MEDICAL SUPPLIES	116	3,555	18,390.77	5.17	4.288 158.54 22.18
@DENTIST	27	148	\$ 4,040.50	\$ 27.30	.179 \$ 149.65 \$ 4.87
VISITS - DIAGNOSTIC	16	89	925.50	10.40	.107 57.84 1.12
ORAL SURGERY	6	40	1,370.00	34.25	.048 228.33 1.65
DRUGS	0	0	.00	.00	.000 .00 .00
ANESTHESIA	0	0	.00	.00	.000 .00 .00
PERIODONTICS	3	4	800.00	200.00	.005 266.67 .97
ENDODONTICS	0	0	.00	.00	.000 .00 .00
RESTORATIVE DENTISTRY	8	11	710.00	64.55	.013 88.75 .86
PROSTHETICS	0	0	.00	.00	.000 .00 .00
DENTURES, STAYPLATES	3	3	235.00	78.33	.004 78.33 .28
SPACE MAINTAINERS	0	0	.00	.00	.000 .00 .00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000 .00 .00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000 .00 .00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL BLIND

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829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	26	\$ 964.43	\$ 37.09	.031	\$ 87.68	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.11
EYE APPLIANCES	10	24	869.53	36.23	.029	86.95	1.05
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	5	10	\$ 167.20	\$ 16.72	.012	\$ 33.44	\$.20
VISITS	5	10	167.20	16.72	.012	33.44	.20
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	28	\$ 596.75	\$ 21.31	.034	\$ 42.63	\$.72
MEDICINE/INJECTIONS	8	20	435.80	21.79	.024	54.48	.53
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	8	160.95	20.12	.010	22.99	.19
@HOME HEALTH AGENCY	23	1,415	\$ 42,820.45	\$ 30.26	1.707	\$ 1861.76	\$ 51.65
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	13	35	\$ 405.57	\$ 11.59	.042	\$ 31.20	\$.49
@TOTAL HOSPITAL	112	479	\$ 154,200.71	\$ 321.92	.578	\$ 1376.79	\$ 186.01
HOSP INPATIENT TOTAL	24	87	142,589.36	1638.96	.105	5941.22	172.00
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	5.82
NON-HSC HOSPITAL TOTAL	18	61	133,621.36	2190.51	.074	7423.41	161.18
ACCOMMODATIONS	18	61	26,204.40	429.58	.074	1455.80	31.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.074	1455.80	31.61
ANCILLARIES	18	0	107,416.96	.00	.000	5967.61	129.57
INPATIENT CROSSOVERS	5	22	4,144.00	188.36	.027	828.80	5.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	392	11,611.35	29.62	.473	118.48	14.01
MEDICAL	32	42	2,462.45	58.63	.051	76.95	2.97
SURGERY	11	15	1,155.57	77.04	.018	105.05	1.39
PATHOLOGY	40	142	1,656.32	11.66	.171	41.41	2.00
RADIOLOGY	30	45	2,310.09	51.34	.054	77.00	2.79
ROOM USE	32	49	2,580.70	52.67	.059	80.65	3.11
CROSSOVERS/ALL OTH OUTPTNT	30	99	1,446.22	14.61	.119	48.21	1.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	112	479	\$ 154,200.71	\$ 321.92	.578	\$ 1376.79	\$ 186.01
COMM HOSP INPATIENT TOTAL	24	87	142,589.36	1638.96	.105	5941.22	172.00
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	5.82
NON-HSC HOSPITALS TOTAL	18	61	133,621.36	2190.51	.074	7423.41	161.18
ACCOMMODATIONS	18	61	26,204.40	429.58	.074	1455.80	31.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.074	1455.80	31.61
ANCILLARIES	18	0	107,416.96	.00	.000	5967.61	129.57
INPATIENT CROSSOVERS	5	22	4,144.00	188.36	.027	828.80	5.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	98	392	11,611.35	29.62	.473	118.48	14.01
MEDICAL	32	42	2,462.45	58.63	.051	76.95	2.97
SURGERY	11	15	1,155.57	77.04	.018	105.05	1.39
PATHOLOGY	40	142	1,656.32	11.66	.171	41.41	2.00
RADIOLOGY	30	45	2,310.09	51.34	.054	77.00	2.79
ROOM USE	32	49	2,580.70	52.67	.059	80.65	3.11
CROSSOVERS/ALL OTH OUTPTNT	30	99	1,446.22	14.61	.119	48.21	1.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	159	\$ 17,820.49	\$ 112.08	.192	\$ 2970.08	\$ 21.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	159	17,820.49	112.08	.192	2970.08	21.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	42	1,147	\$ 67,776.32	\$ 59.09	1.384	\$ 1613.72	\$ 81.76
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	42	1,147	67,776.32	59.09	1.384	1613.72	81.76
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	54	269	\$ 3,296.37	\$ 12.25	.324	\$ 61.04	\$ 3.98
PATHOLOGY	54	269	3,296.37	12.25	.324	61.04	3.98
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	169	275	\$ 18,185.58	\$ 66.13	.332	\$ 107.61	\$ 21.94
CLINIC	2	6	208.84	34.81	.007	104.42	.25
SURGICENTER	3	5	306.55	61.31	.006	102.18	.37
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	168	264	17,670.19	66.93	.318	105.18	21.32

829 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	172	11,003	\$ 45,119.42	\$ 4.10	13.273	\$ 262.32	\$ 54.43

DURABLE MED. EQUIP.	17	73	5,040.75	69.05	.088	296.51	6.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	13	1,940.91	149.30	.016	323.49	2.34
MEDICAL TRANSPORTATION	58	5,136	22,238.31	4.33	6.195	383.42	26.83
AMBULANCES/AIR TRANS	24	111	2,722.07	24.52	.134	113.42	3.28
OTHER TRANS	28	4,937	19,285.55	3.91	5.955	688.77	23.26
OTHER SERVICES	7	88	230.69	2.62	.106	32.96	.28
ACUPUNCTURE	1	2	24.34	12.17	.002	24.34	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	85	7,200.57	84.71	.103	327.30	8.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	36	478.77	13.30	.043	39.90	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	29	3,818.24	131.66	.035	636.37	4.61

PROSTHETICS	6	29		3,818.24	131.66	.035	636.37	4.61
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		189.65	31.61	.007	63.22	.23
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	416		1,422.79	3.42	.502	109.45	1.72
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	50	5,207		2,765.09	.53	6.281	55.30	3.34
@CALIF. CHILDREN SERVICES*	13	356	\$	17,379.06	\$ 48.82	.429	\$ 1336.85	\$ 20.96
@XOVER EXCLUDING STATE HOSP**	135	602	\$	31,367.51	\$ 52.11	.726	\$ 232.35	\$ 37.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,465
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

43,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,411	793,046	\$ 28,184,113.69	\$ 35.54	18.413	\$ 819.04	\$ 654.38
@PHYSICIANS SERVICES	9,723	37,283	\$ 1,323,213.14	\$ 35.49	.866	\$ 136.09	\$ 30.72
OUTPATIENT VISITS	3,662	4,913	172,148.12	35.04	.114	47.01	4.00
OFFICE VISITS	3,239	4,310	143,619.09	33.32	.100	44.34	3.33
HOME VISITS	15	21	1,310.50	62.40	.000	87.37	.03
EMERGENCY ROOM	190	242	15,069.83	62.27	.006	79.31	.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	13CR	2,217.30	170.56CR	.000	71.53	.05
OTHER OUTPATIENT	296	353	9,931.40	28.13	.008	33.55	.23
INPATIENT VISITS	555	3,009	171,656.18	57.05	.070	309.29	3.99
HOSPITAL VISITS	492	2,471	112,415.61	45.49	.057	228.49	2.61
CRITICAL CARE	76	396	54,228.87	136.94	.009	713.54	1.26
SNF/ICF/TRANS IP CARE	63	142	5,011.70	35.29	.003	79.55	.12
OPHTHALMOLOGICAL SERVICES	248	310	12,597.73	40.64	.007	50.80	.29
EXAMINATIONS	241	303	12,457.73	41.11	.007	51.69	.29
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	408	2,334	227,805.09	97.60	.054	558.35	5.29
PRINCIPAL SURGEON	309	496	178,202.19	359.28	.012	576.71	4.14
ASSISTANT SURGEON	37	37	7,686.97	207.76	.001	207.76	.18
ANESTHESIOLOGIST	159	1,801	41,915.93	23.27	.042	263.62	.97
OUTPATIENT SURGERY	580	1,629	140,266.49	86.11	.038	241.84	3.26
PRINCIPAL SURGEON	462	597	114,980.98	192.60	.014	248.88	2.67
ASSISTANT SURGEON	17	18	2,084.01	115.78	.000	122.59	.05
ANESTHESIOLOGIST	158	1,014	23,201.50	22.88	.024	146.84	.54
DIALYSIS	84	234	23,502.87	100.44	.005	279.80	.55
PATHOLOGY	373	793	14,882.49	18.77	.018	39.90	.35
RADIOLOGY	2,892	5,946	231,251.79	38.89	.138	79.96	5.37
PSYCHIATRY	4	6	251.72	41.95	.000	62.93	.01
IMMUNIZATION AND INJECTION	204	1,596	23,948.59	15.01	.037	117.40	.56
OTHER SERVICES/ALL X-OVERS	4,678	16,513	304,902.07	18.46	.383	65.18	7.08
@PHARMACY	28,342	304,413	\$ 13,357,171.58	\$ 43.88	7.068	\$ 471.29	\$ 310.13
PRESCRIPTION DRUGS	28,028	125,469	12,923,564.58	103.00	2.913	461.09	300.06
SNF/ICF	294	2,454	150,510.20	61.33	.057	511.94	3.49
OUTPATIENTS	27,767	123,015	12,773,054.38	103.83	2.856	460.01	296.56
MEDICAL SUPPLIES	2,864	178,944	433,607.00	2.42	4.155	151.40	10.07
@DENTIST	2,071	8,837	\$ 432,121.40	\$ 48.90	.205	\$ 208.65	\$ 10.03
VISITS - DIAGNOSTIC	1,262	4,968	66,948.95	13.48	.115	53.05	1.55
ORAL SURGERY	327	1,036	50,480.25	48.73	.024	154.37	1.17

DRUGS	9	11	170.00	15.45	.000	18.89	.00
ANESTHESIA	12	12	1,200.00	100.00	.000	100.00	.03
PERIODONTICS	128	147	22,709.00	154.48	.003	177.41	.53
ENDODONTICS	143	220	44,288.00	201.31	.005	309.71	1.03
RESTORATIVE DENTISTRY	629	1,600	135,574.70	84.73	.037	215.54	3.15
PROSTHETICS	16	16	430.00	26.88	.000	26.88	.01
DENTURES, STAYPLATES	253	670	102,422.90	152.87	.016	404.83	2.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	1,302.60	186.09	.000	186.09	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	48	6,220.00	129.58	.001	159.49	.14
ALL OTHER SERVICES	33	102	375.00	3.68	.002	11.36	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,466
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

43,070 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,163	3,432	\$	71,995.96	\$ 20.98	.080	\$ 61.91	\$ 1.67
DIAGNOSTIC AND ANC. PROCED	528	569		24,414.27	42.91	.013	46.24	.57
EYE APPLIANCES	973	2,748		45,251.04	16.47	.064	46.51	1.05
OTHER OPTOMETRIC SERVICES	77	115		2,330.65	20.27	.003	30.27	.05
@CHIROPRACTOR	323	801	\$	13,017.62	\$ 16.25	.019	\$ 40.30	\$.30
VISITS	298	753		12,494.02	16.59	.017	41.93	.29
OTHER SERVICES	25	48		523.60	10.91	.001	20.94	.01
@PODIATRIST	264	416	\$	6,253.92	\$ 15.03	.010	\$ 23.69	\$.15
MEDICINE/INJECTIONS	51	57		1,497.64	26.27	.001	29.37	.03
SURGERY/ANES.	1	1		32.02	32.02	.000	32.02	.00
RADIO./PATHOLOGY	3	5		86.50	17.30	.000	28.83	.00
OTHER	212	353		4,637.76	13.14	.008	21.88	.11
@HOME HEALTH AGENCY	180	1,655	\$	87,233.99	\$ 52.71	.038	\$ 484.63	\$ 2.03
NURSE ANESTHESIST	19	214	\$	1,678.91	\$ 7.85	.005	\$ 88.36	\$.04
NURSE MIDWIFE	2	4	\$	907.14	\$ 226.79	.000	\$ 453.57	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1,120	2,770	\$	40,445.67	\$ 14.60	.064	\$ 36.11	\$.94
@TOTAL HOSPITAL	5,945	36,063	\$	8,058,596.64	\$ 223.46	.837	\$ 1355.53	\$ 187.10
HOSP INPATIENT TOTAL	832	4,945		7,041,248.45	1423.91	.115	8463.04	163.48
HSC HOSPITALS	118	1,135		1,543,716.90	1360.10	.026	13082.35	35.84
NON-HSC HOSPITAL TOTAL	484	2,883		5,313,711.69	1843.12	.067	10978.74	123.37
ACCOMMODATIONS	481	2,883		1,272,705.35	441.45	.067	2645.96	29.55
ADMINISTRATIVE DAYS	35	415		94,256.84	227.12	.010	2693.05	2.19
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	469	2,468		1,178,448.51	477.49	.057	2512.68	27.36
ANCILLARIES	484	0		4,041,006.34	.00	.000	8349.19	93.82
INPATIENT CROSSOVERS	241	927		183,819.86	198.30	.022	762.74	4.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,537	31,118		1,017,348.19	32.69	.722	183.74	23.62
MEDICAL	1,742	3,330		165,438.08	49.68	.077	94.97	3.84
SURGERY	429	513		24,622.07	48.00	.012	57.39	.57
PATHOLOGY	2,229	11,629		138,017.68	11.87	.270	61.92	3.20
RADIOLOGY	2,144	3,394		253,637.82	74.73	.079	118.30	5.89
ROOM USE	2,076	3,294		134,927.44	40.96	.076	64.99	3.13
CROSSOVERS/ALL OTH OUTPTNT	2,490	8,958		300,705.10	33.57	.208	120.77	6.98
@COUNTY HOSPITAL TOTAL	19	78	\$	17,301.41	\$ 221.81	.002	\$ 910.60	\$.40
CO HOSPITAL INPATIENT TOTAL	4	13		14,940.00	1149.23	.000	3735.00	.35
HSC HOSPITALS	4	13		14,940.00	1149.23	.000	3735.00	.35
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	65	2,361.41	36.33	.002	147.59	.05
MEDICAL	3	4	158.42	39.61	.000	52.81	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	21	285.97	13.62	.000	35.75	.01
RADIOLOGY	6	8	1,118.84	139.86	.000	186.47	.03
ROOM USE	6	8	310.37	38.80	.000	51.73	.01
CROSSOVERS/ALL OTH OUTPTNT	11	24	487.81	20.33	.001	44.35	.01

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL DISABLED

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	43,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,935	35,985	\$	8,041,295.23	\$ 223.46	.836	\$ 1354.89	\$ 186.70
COMM HOSP INPATIENT TOTAL	828	4,932		7,026,308.45	1424.64	.115	8485.88	163.14
HSC HOSPITALS	114	1,122		1,528,776.90	1362.55	.026	13410.32	35.50
NON-HSC HOSPITALS TOTAL	484	2,883		5,313,711.69	1843.12	.067	10978.74	123.37
ACCOMMODATIONS	481	2,883		1,272,705.35	441.45	.067	2645.96	29.55
ADMINISTRATIVE DAYS	35	415		94,256.84	227.12	.010	2693.05	2.19
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	469	2,468		1,178,448.51	477.49	.057	2512.68	27.36
ANCILLARIES	484	0		4,041,006.34	.00	.000	8349.19	93.82
INPATIENT CROSSOVERS	241	927		183,819.86	198.30	.022	762.74	4.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,528	31,053		1,014,986.78	32.69	.721	183.61	23.57
MEDICAL	1,739	3,326		165,279.66	49.69	.077	95.04	3.84
SURGERY	429	513		24,622.07	48.00	.012	57.39	.57
PATHOLOGY	2,224	11,608		137,731.71	11.87	.270	61.93	3.20
RADIOLOGY	2,140	3,386		252,518.98	74.58	.079	118.00	5.86
ROOM USE	2,073	3,286		134,617.07	40.97	.076	64.94	3.13
CROSSOVERS/ALL OTH OUTPTNT	2,484	8,934		300,217.29	33.60	.207	120.86	6.97
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	284	7,124	\$	1,165,909.50	\$ 163.66	.165	\$ 4105.32	\$ 27.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,260.83	105.19	.001	3260.83	.08
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	17	592		336,658.44	568.68	.014	19803.44	7.82
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	268	6,501		825,990.23	127.06	.151	3082.05	19.18
@INTERMEDIATE CARE FACIL.-DD	54	1,688	\$	268,419.04	\$ 159.02	.039	\$ 4970.72	\$ 6.23
ICF DDH	18	593		79,373.99	133.85	.014	4409.67	1.84
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	36	1,095		189,045.05	172.64	.025	5251.25	4.39
@HEMODIALYSIS TOTAL	248	9,268	\$	396,439.95	\$ 42.78	.215	\$ 1598.55	\$ 9.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	248	9,268		396,439.95	42.78	.215	1598.55	9.20
@REHABILITATION FACILITY	22	51	\$	2,075.12	\$ 40.69	.001	\$ 94.32	\$.05
HOSPITAL BASED	17	46		1,941.87	42.21	.001	114.23	.05
INDEPENDENT FACILITY	5	5		133.25	26.65	.000	26.65	.00
@LABORATORY FACILITY	2,690	14,907	\$	173,004.36	\$ 11.61	.346	\$ 64.31	\$ 4.02
PATHOLOGY	2,665	14,872		172,636.31	11.61	.345	64.78	4.01
XO AND OTHERS	25	35		368.05	10.52	.001	14.72	.01
@ORGANIZED OUTPATIENT CLINIC	10,550	20,094	\$	1,343,398.82	\$ 66.86	.467	\$ 127.34	\$ 31.19
CLINIC	186	816		19,291.82	23.64	.019	103.72	.45

SURGICENTER	139	507	22,811.28	44.99	.012	164.11	.53
HEROIN DETOX CLINIC	10	145	1,709.02	11.79	.003	170.90	.04
RURAL HEALTH CLINIC	10,313	18,626	1,299,586.70	69.77	.432	126.01	30.17

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
43,070 ELIGIBLES							
@ALL OTHER PROVIDERS	7,022	344,026	\$ 1,442,230.93	\$ 4.19	7.988	\$ 205.39	\$ 33.49
DURABLE MED. EQUIP.	802	2,318	308,928.16	133.27	.054	385.20	7.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	113	135	21,715.39	160.85	.003	192.17	.50
MEDICAL TRANSPORTATION	1,234	30,125	256,304.95	8.51	.699	207.70	5.95
AMBULANCES/AIR TRANS	975	7,259	137,139.77	18.89	.169	140.66	3.18
OTHER TRANS	194	21,983	93,882.57	4.27	.510	483.93	2.18
OTHER SERVICES	103	883	25,282.61	28.63	.021	245.46	.59
ACUPUNCTURE	16	27	481.18	17.82	.001	30.07	.01
ADULT DAY HEALTH CARE CTR	3	17	1,179.41	69.38	.000	393.14	.03
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	336	10,975	404,112.26	36.82	.255	1202.72	9.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,084	2,440	29,561.86	12.12	.057	27.27	.69
PHYSICAL THERAPIST	51	262	3,825.54	14.60	.006	75.01	.09
PORTABLE X-RAY	11	25	469.21	18.77	.001	42.66	.01
PROSTHETIST/ORTHOTISTS	217	514	47,026.92	91.49	.012	216.71	1.09
PROSTHETICS	216	512	46,874.42	91.55	.012	217.01	1.09
ORTHOTICS	2	2	152.50	76.25	.000	76.25	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	234	741	30,211.28	40.77	.017	129.11	.70
HOSPICE SERVICES	13	351	41,818.49	119.14	.008	3216.81	.97
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,101	26,002	107,726.39	4.14	.604	97.84	2.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,543	270,086	188,029.89	.70	6.271	73.94	4.37
@CALIF. CHILDREN SERVICES*	425	5,676	\$ 1,735,055.97	\$ 305.68	.132	\$ 4082.48	\$ 40.28
@XOVER EXCLUDING STATE HOSP**	5,718	51,816	\$ 831,640.29	\$ 16.05	1.203	\$ 145.44	\$ 19.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,469
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
137,979 ELIGIBLES							
@TOTAL, ALL PROVIDERS	66,489	324,810	\$ 18,665,112.29	\$ 57.46	2.354	\$ 280.72	\$ 135.28
@PHYSICIANS SERVICES	13,717	41,425	\$ 1,668,002.26	\$ 40.27	.300	\$ 121.60	\$ 12.09
OUTPATIENT VISITS	7,051	7,720	323,802.10	41.94	.056	45.92	2.35
OFFICE VISITS	5,922	6,415	230,284.81	35.90	.046	38.89	1.67
HOME VISITS	11	14	821.32	58.67	.000	74.67	.01
EMERGENCY ROOM	454	501	25,595.31	51.09	.004	56.38	.19
PREVENTIVE CARE	3	3	137.55	45.85	.000	45.85	.00
OB VISITS/COMPRE PERI	584	566	60,554.03	106.99	.004	103.69	.44
OTHER OUTPATIENT	203	221	6,409.08	29.00	.002	31.57	.05
INPATIENT VISITS	711	2,518	178,274.03	70.80	.018	250.74	1.29
HOSPITAL VISITS	664	1,819	83,172.92	45.72	.013	125.26	.60
CRITICAL CARE	89	699	95,101.11	136.05	.005	1068.55	.69

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	239	275	12,717.66	46.25	.002	53.21	.09
EXAMINATIONS	232	268	12,577.66	46.93	.002	54.21	.09
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	957	4,355	495,855.87	113.86	.032	518.14	3.59
PRINCIPAL SURGEON	561	662	388,720.31	587.19	.005	692.91	2.82
ASSISTANT SURGEON	118	119	20,193.34	169.69	.001	171.13	.15
ANESTHESIOLOGIST	465	3,574	86,942.22	24.33	.026	186.97	.63
OUTPATIENT SURGERY	1,087	3,309	196,522.31	59.39	.024	180.79	1.42
PRINCIPAL SURGEON	811	1,035	146,666.42	141.71	.008	180.85	1.06
ASSISTANT SURGEON	17	17	1,693.18	99.60	.000	99.60	.01
ANESTHESIOLOGIST	369	2,257	48,162.71	21.34	.016	130.52	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	628	819	10,357.48	12.65	.006	16.49	.08
RADIOLOGY	5,083	7,724	256,194.92	33.17	.056	50.40	1.86
PSYCHIATRY	12	13	509.36	39.18	.000	42.45	.00

IMMUNIZATION AND INJECTION	288	567		15,863.08		27.98	.004	55.08	.11
OTHER SERVICES/ALL X-OVERS	2,346	14,125		177,905.45		12.60	.102	75.83	1.29
@PHARMACY	32,828	82,744	\$	4,591,288.08	\$	55.49	.600	\$ 139.86	\$ 33.28
PRESCRIPTION DRUGS	32,627	79,323		3,993,657.63		50.35	.575	122.40	28.94
SNF/ICF	5	12		539.55		44.96	.000	107.91	.00
OUTPATIENTS	32,623	79,311		3,993,118.08		50.35	.575	122.40	28.94
MEDICAL SUPPLIES	743	3,421		597,630.45		174.69	.025	804.35	4.33
@DENTIST	6,703	31,987	\$	1,124,426.56	\$	35.15	.232	\$ 167.75	\$ 8.15
VISITS - DIAGNOSTIC	4,596	19,984		301,854.17		15.10	.145	65.68	2.19
ORAL SURGERY	1,023	2,258		122,249.95		54.14	.016	119.50	.89
DRUGS	131	152		3,010.00		19.80	.001	22.98	.02
ANESTHESIA	83	83		7,600.00		91.57	.001	91.57	.06
PERIODONTICS	123	136		20,411.00		150.08	.001	165.94	.15
ENDODONTICS	543	1,277		154,556.25		121.03	.009	284.63	1.12
RESTORATIVE DENTISTRY	2,417	6,958		424,075.85		60.95	.050	175.46	3.07
PROSTHETICS	11	11		290.00		26.36	.000	26.36	.00
DENTURES, STAYPLATES	107	392		43,060.25		109.85	.003	402.43	.31
SPACE MAINTAINERS	51	71		7,289.00		102.66	.001	142.92	.05
MAXILLOFACIAL SERVICES	17	17		910.09		53.53	.000	53.53	.01
FRACTURES, DISLOCATIONS	1	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	353	443		37,245.00		84.07	.003	105.51	.27
ALL OTHER SERVICES	134	205		1,875.00		9.15	.001	13.99	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 18,470
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

137,979 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,622	4,363	\$	100,736.10	\$ 23.09	.032	\$ 62.11	\$.73
DIAGNOSTIC AND ANC. PROCED	1,146	1,175		53,724.67	45.72	.009	46.88	.39
EYE APPLIANCES	1,134	3,179		46,841.90	14.73	.023	41.31	.34
OTHER OPTOMETRIC SERVICES	8	9		169.53	18.84	.000	21.19	.00
@CHIROPRACTOR	370	723	\$	11,800.14	\$ 16.32	.005	\$ 31.89	\$.09
VISITS	369	721		11,766.70	16.32	.005	31.89	.09
OTHER SERVICES	1	2		33.44	16.72	.000	33.44	.00
@PODIATRIST	21	41	\$	2,246.31	\$ 54.79	.000	\$ 106.97	\$.02
MEDICINE/INJECTIONS	16	20		680.32	34.02	.000	42.52	.00
SURGERY/ANES.	2	4		801.00	200.25	.000	400.50	.01
RADIO./PATHOLOGY	4	7		121.10	17.30	.000	30.28	.00
OTHER	6	10		643.89	64.39	.000	107.32	.00
@HOME HEALTH AGENCY	371	532	\$	27,295.47	\$ 51.31	.004	\$ 73.57	\$.20
NURSE ANESTHESIST	22	129	\$	2,195.55	\$ 17.02	.001	\$ 99.80	\$.02
NURSE MIDWIFE	93	189	\$	69,985.83	\$ 370.30	.001	\$ 752.54	\$.51
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1,835	4,269	\$	67,875.59	\$ 15.90	.031	\$ 36.99	\$.49
@TOTAL HOSPITAL	10,809	50,021	\$	6,961,195.96	\$ 139.17	.363	\$ 644.02	\$ 50.45
HOSP INPATIENT TOTAL	965	4,095		5,626,269.68	1373.94	.030	5830.33	40.78
HSC HOSPITALS	141	1,201		1,523,059.24	1268.16	.009	10801.84	11.04
NON-HSC HOSPITAL TOTAL	830	2,892		4,101,860.46	1418.35	.021	4942.00	29.73
ACCOMMODATIONS	829	2,892		1,129,981.71	390.73	.021	1363.07	8.19
ADMINISTRATIVE DAYS	3	46		10,253.40	222.90	.000	3417.80	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	827	2,846		1,119,728.31	393.44	.021	1353.96	8.12
ANCILLARIES	829	0		2,971,878.75	.00	.000	3584.90	21.54
INPATIENT CROSSOVERS	2	2		1,349.98	674.99	.000	674.99	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,345	45,926		1,334,926.28	29.07	.333	129.04	9.67
MEDICAL	3,388	4,565		218,218.71	47.80	.033	64.41	1.58
SURGERY	943	1,130		55,570.97	49.18	.008	58.93	.40
PATHOLOGY	4,027	15,049		191,454.52	12.72	.109	47.54	1.39

RADIOLOGY	4,424	5,940	317,343.01	53.42	.043	71.73	2.30
ROOM USE	5,751	7,949	314,868.42	39.61	.058	54.75	2.28
CROSSOVERS/ALL OTH OUTPTNT	3,776	11,293	237,470.65	21.03	.082	62.89	1.72
@COUNTY HOSPITAL TOTAL	29	147	\$ 10,001.57	\$ 68.04	.001	\$ 344.88	\$.07
CO HOSPITAL INPATIENT TOTAL	3	5	5,394.02	1078.80	.000	1798.01	.04
HSC HOSPITALS	3	5	5,394.02	1078.80	.000	1798.01	.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	142	4,607.55	32.45	.001	170.65	.03
MEDICAL	7	11	545.87	49.62	.000	77.98	.00
SURGERY	8	9	213.17	23.69	.000	26.65	.00
PATHOLOGY	12	53	950.65	17.94	.000	79.22	.01
RADIOLOGY	3	11	483.21	43.93	.000	161.07	.00
ROOM USE	15	25	1,118.54	44.74	.000	74.57	.01
CROSSOVERS/ALL OTH OUTPTNT	17	33	1,296.11	39.28	.000	76.24	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

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01/29/04

137,979 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,783	49,874	\$ 6,951,194.39	\$ 139.38	.361	\$ 644.64	\$ 50.38
COMM HOSP INPATIENT TOTAL	962	4,090	5,620,875.66	1374.30	.030	5842.91	40.74
HSC HOSPITALS	138	1,196	1,517,665.22	1268.95	.009	10997.57	11.00
NON-HSC HOSPITALS TOTAL	830	2,892	4,101,860.46	1418.35	.021	4942.00	29.73
ACCOMMODATIONS	829	2,892	1,129,981.71	390.73	.021	1363.07	8.19
ADMINISTRATIVE DAYS	3	46	10,253.40	222.90	.000	3417.80	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	827	2,846	1,119,728.31	393.44	.021	1353.96	8.12
ANCILLARIES	829	0	2,971,878.75	.00	.000	3584.90	21.54
INPATIENT CROSSOVERS	2	2	1,349.98	674.99	.000	674.99	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,321	45,784	1,330,318.73	29.06	.332	128.89	9.64
MEDICAL	3,381	4,554	217,672.84	47.80	.033	64.38	1.58
SURGERY	935	1,121	55,357.80	49.38	.008	59.21	.40
PATHOLOGY	4,016	14,996	190,503.87	12.70	.109	47.44	1.38
RADIOLOGY	4,421	5,929	316,859.80	53.44	.043	71.67	2.30
ROOM USE	5,737	7,924	313,749.88	39.59	.057	54.69	2.27
CROSSOVERS/ALL OTH OUTPTNT	3,759	11,260	236,174.54	20.97	.082	62.83	1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$ 4,179.03	\$ 597.00	.000	\$ 696.51	\$.03

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	4,179.03	597.00	.000	696.51	.03
@REHABILITATION FACILITY	14	37	\$ 1,920.83	\$ 51.91	.000	\$ 137.20	\$.01
HOSPITAL BASED	14	37	1,920.83	51.91	.000	137.20	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4,810	19,155	\$ 269,902.62	\$ 14.09	.139	\$ 56.11	\$ 1.96
PATHOLOGY	4,810	19,155	269,902.62	14.09	.139	56.11	1.96
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24,043	39,868	\$ 3,134,980.43	\$ 78.63	.289	\$ 130.39	\$ 22.72
CLINIC	1,095	4,009	106,422.11	26.55	.029	97.19	.77
SURGICENTER	143	759	24,928.72	32.84	.006	174.33	.18
HEROIN DETOX CLINIC	9	122	1,295.42	10.62	.001	143.94	.01
RURAL HEALTH CLINIC	23,010	34,978	3,002,334.18	85.83	.254	130.48	21.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,472
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
137,979 ELIGIBLES							
@ALL OTHER PROVIDERS	10,021	49,320	\$ 627,081.53	\$ 12.71	.357	\$ 62.58	\$ 4.54
DURABLE MED. EQUIP.	420	555	47,833.04	86.19	.004	113.89	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	8	2,344.75	293.09	.000	293.09	.02
MEDICAL TRANSPORTATION	978	8,752	157,208.85	17.96	.063	160.75	1.14
AMBULANCES/AIR TRANS	974	8,615	125,618.00	14.58	.062	128.97	.91
OTHER TRANS	3	116	217.13	1.87	.001	72.38	.00
OTHER SERVICES	21	21	31,373.72	1493.99	.000	1493.99	.23
ACUPUNCTURE	27	67	1,121.87	16.74	.000	41.55	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	161	161	16,802.50	104.36	.001	104.36	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,262	2,758	26,472.66	9.60	.020	20.98	.19
PHYSICAL THERAPIST	55	205	3,360.18	16.39	.001	61.09	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	192	341	26,166.86	76.74	.002	136.29	.19
PROSTHETICS	185	333	25,466.41	76.48	.002	137.66	.18
ORTHOTICS	8	8	700.45	87.56	.000	87.56	.01
PSYCHOLOGIST	4	14	436.81	31.20	.000	109.20	.00
SPEECH AND AUDIOLOGY	205	414	20,912.63	50.51	.003	102.01	.15
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,836	32,856	319,924.96	9.74	.238	46.80	2.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	3,189	4,496.42	1.41	.023	55.51	.03
@CALIF. CHILDREN SERVICES*	344	3,082	\$ 1,171,298.13	\$ 380.04	.022	\$ 3404.94	\$ 8.49
@XOVER EXCLUDING STATE HOSP**	117	552	\$ 13,865.35	\$ 25.12	.004	\$ 118.51	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,473
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,187 ELIGIBLES							
@TOTAL, ALL PROVIDERS	3,168	20,990	\$ 1,132,347.64	\$ 53.95	3.393	\$ 357.43	\$ 183.02
@PHYSICIANS SERVICES	741	1,605	\$ 78,654.72	\$ 49.01	.259	\$ 106.15	\$ 12.71

OUTPATIENT VISITS	419	488		20,142.49		41.28	.079	48.07	3.26
OFFICE VISITS	340	384		13,746.22		35.80	.062	40.43	2.22
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	46	52		2,451.29		47.14	.008	53.29	.40
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	32	38		3,490.41		91.85	.006	109.08	.56
OTHER OUTPATIENT	9	14		454.57		32.47	.002	50.51	.07
INPATIENT VISITS	66	246		15,761.08		64.07	.040	238.80	2.55
HOSPITAL VISITS	43	140		6,133.77		43.81	.023	142.65	.99
CRITICAL CARE	7	77		8,913.91		115.77	.012	1273.42	1.44
SNF/ICF/TRANS IP CARE	21	29		713.40		24.60	.005	33.97	.12
OPHTHALMOLOGICAL SERVICES	21	23		1,019.77		44.34	.004	48.56	.16
EXAMINATIONS	20	22		994.77		45.22	.004	49.74	.16
SERVICES AND MATERIALS	1	1		25.00		25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	37	143		19,767.74		138.24	.023	534.26	3.20
PRINCIPAL SURGEON	27	32		16,781.96		524.44	.005	621.55	2.71
ASSISTANT SURGEON	2	2		190.10		95.05	.000	95.05	.03
ANESTHESIOLOGIST	19	109		2,795.68		25.65	.018	147.14	.45
OUTPATIENT SURGERY	52	121		7,314.47		60.45	.020	140.66	1.18
PRINCIPAL SURGEON	42	55		5,567.73		101.23	.009	132.57	.90
ASSISTANT SURGEON	2	2		129.56		64.78	.000	64.78	.02
ANESTHESIOLOGIST	12	64		1,617.18		25.27	.010	134.77	.26
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	41	63		614.30		9.75	.010	14.98	.10
RADIOLOGY	218	343		9,140.86		26.65	.055	41.93	1.48
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	16		462.53		28.91	.003	51.39	.07
OTHER SERVICES/ALL X-OVERS	73	162		4,431.48		27.35	.026	60.71	.72
@PHARMACY	1,490	6,210	\$	185,157.71	\$	29.82	1.004	124.27	29.93
PRESCRIPTION DRUGS	1,487	3,332		176,071.00		52.84	.539	118.41	28.46
SNF/ICF	34	252		16,436.23		65.22	.041	483.42	2.66
OUTPATIENTS	1,460	3,080		159,634.77		51.83	.498	109.34	25.80
MEDICAL SUPPLIES	43	2,878		9,086.71		3.16	.465	211.32	1.47
@DENTIST	356	1,658	\$	51,197.74	\$	30.88	.268	143.81	8.28
VISITS - DIAGNOSTIC	267	1,130		18,092.94		16.01	.183	67.76	2.92
ORAL SURGERY	36	70		5,194.00		74.20	.011	144.28	.84
DRUGS	9	13		285.00		21.92	.002	31.67	.05
ANESTHESIA	4	4		355.00		88.75	.001	88.75	.06
PERIODONTICS	2	2		255.00		127.50	.000	127.50	.04
ENDODONTICS	15	32		3,170.00		99.06	.005	211.33	.51
RESTORATIVE DENTISTRY	122	354		17,849.80		50.42	.057	146.31	2.89
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.000	900.00	.15
SPACE MAINTAINERS	2	3		511.00		170.33	.000	255.50	.08
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	2		1,450.00		725.00	.000	1450.00	.23
ORTHODONTIC SERVICES	28	40		3,010.00		75.25	.006	107.50	.49
ALL OTHER SERVICES	4	5		75.00		15.00	.001	18.75	.01

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

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	6,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	74		213	\$ 4,807.67	\$ 22.57	.034	\$ 64.97	\$.78
DIAGNOSTIC AND ANC. PROCED	56		56	2,586.12	46.18	.009	46.18	.42
EYE APPLIANCES	55		155	2,152.94	13.89	.025	39.14	.35
OTHER OPTOMETRIC SERVICES	2		2	68.61	34.31	.000	34.31	.01
@CHIROPRACTOR	6		8	\$ 133.76	\$ 16.72	.001	\$ 22.29	\$.02
VISITS	6		8	133.76	16.72	.001	22.29	.02

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	4	5	\$	265.93	\$	53.19	.001	\$ 66.48	\$	.04
MEDICINE/INJECTIONS	3	3		121.17		40.39	.000	40.39		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	1	2		144.76		72.38	.000	144.76		.02
@HOME HEALTH AGENCY	12	20	\$	998.24	\$	49.91	.003	\$ 83.19	\$	.16
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
NURSE MIDWIFE	15	133	\$	4,832.21	\$	36.33	.021	\$ 322.15	\$	.78
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	20	50	\$	796.52	\$	15.93	.008	\$ 39.83	\$	.13
@TOTAL HOSPITAL	518	2,477	\$	481,811.59	\$	194.51	.400	\$ 930.14	\$	77.87
HOSP INPATIENT TOTAL	58	284		420,516.51		1480.69	.046	7250.28		67.97
HSC HOSPITALS	11	105		148,746.50		1416.63	.017	13522.41		24.04
NON-HSC HOSPITAL TOTAL	48	179		271,770.01		1518.27	.029	5661.88		43.93
ACCOMMODATIONS	48	179		85,787.34		479.26	.029	1787.24		13.87

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	48	179	85,787.34	479.26	.029	1787.24	13.87
ANCILLARIES	48	0	185,982.67	.00	.000	3874.64	30.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	492	2,193	61,295.08	27.95	.354	124.58	9.91
MEDICAL	166	217	10,605.53	48.87	.035	63.89	1.71
SURGERY	56	60	2,720.84	45.35	.010	48.59	.44
PATHOLOGY	209	789	9,966.37	12.63	.128	47.69	1.61
RADIOLOGY	189	257	12,728.65	49.53	.042	67.35	2.06
ROOM USE	281	391	15,056.82	38.51	.063	53.58	2.43
CROSSOVERS/ALL OTH OUTPTNT	174	479	10,216.87	21.33	.077	58.72	1.65
@COUNTY HOSPITAL TOTAL	1	2	\$ 99.04	\$ 49.52	.000	\$ 99.04	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	99.04	49.52	.000	99.04	.02
MEDICAL	1	1	64.61	64.61	.000	64.61	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.43	34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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YUBA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	6,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	517	2,475	\$	481,712.55	\$ 194.63	.400	\$ 931.75	\$ 77.86
COMM HOSP INPATIENT TOTAL	58	284		420,516.51	1480.69	.046	7250.28	67.97
HSC HOSPITALS	11	105		148,746.50	1416.63	.017	13522.41	24.04
NON-HSC HOSPITALS TOTAL	48	179		271,770.01	1518.27	.029	5661.88	43.93
ACCOMMODATIONS	48	179		85,787.34	479.26	.029	1787.24	13.87
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	48	179		85,787.34	479.26	.029	1787.24	13.87
ANCILLARIES	48	0		185,982.67	.00	.000	3874.64	30.06
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	491	2,191		61,196.04	27.93	.354	124.64	9.89
MEDICAL	165	216		10,540.92	48.80	.035	63.88	1.70
SURGERY	56	60		2,720.84	45.35	.010	48.59	.44
PATHOLOGY	209	789		9,966.37	12.63	.128	47.69	1.61
RADIOLOGY	189	257		12,728.65	49.53	.042	67.35	2.06
ROOM USE	280	390		15,022.39	38.52	.063	53.65	2.43
CROSSOVERS/ALL OTH OUTPTNT	174	479		10,216.87	21.33	.077	58.72	1.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	41	1,270	\$	141,236.48	\$ 111.21	.205	\$ 3444.79	\$ 22.83
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	41	1,270	141,236.48	111.21	.205	3444.79	22.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	7	\$ 353.45	\$ 50.49	.001	\$ 88.36	\$.06
HOSPITAL BASED	4	7	353.45	50.49	.001	88.36	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	219	769	\$ 12,184.51	\$ 15.84	.124	\$ 55.64	\$ 1.97
PATHOLOGY	219	769	12,184.51	15.84	.124	55.64	1.97
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,044	1,574	\$ 133,743.30	\$ 84.97	.254	\$ 128.11	\$ 21.62
CLINIC	37	110	3,032.84	27.57	.018	81.97	.49
SURGICENTER	3	10	361.21	36.12	.002	120.40	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,009	1,454	130,349.25	89.65	.235	129.19	21.07
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YUBA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	6,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	250	4,991	\$	36,173.81	\$ 7.25	.807	\$ 144.70	\$ 5.85
DURABLE MED. EQUIP.	15	24		4,832.32	201.35	.004	322.15	.78
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	50	536		13,949.04	26.02	.087	278.98	2.25
AMBULANCES/AIR TRANS	50	533		8,549.04	16.04	.086	170.98	1.38
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00	.87
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	16	16		1,680.00	105.00	.003	105.00	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	62	134		1,193.15	8.90	.022	19.24	.19
PHYSICAL THERAPIST	1	8		136.03	17.00	.001	136.03	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	32		6,140.75	191.90	.005	1023.46	.99
PROSTHETICS	5	26		5,483.50	210.90	.004	1096.70	.89
ORTHOTICS	1	6		657.25	109.54	.001	657.25	.11
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	53		2,374.64	44.80	.009	91.33	.38
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	800		4,448.25	5.56	.129	65.42	.72
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,388		1,419.63	.42	.548	118.30	.23
@CALIF. CHILDREN SERVICES*	38	2,506	\$	181,972.71	\$ 72.61	.405	\$ 4788.76	\$ 29.41
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00		
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00		
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
OFFICE VISITS	0		0	.00	.00	.000	.00	.00		
HOME VISITS	0		0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00		
CRITICAL CARE	0		0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00		
EXAMINATIONS	0		0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00		
DIALYSIS	0		0	.00	.00	.000	.00	.00		
PATHOLOGY	0		0	.00	.00	.000	.00	.00		
RADIOLOGY	0		0	.00	.00	.000	.00	.00		
PSYCHIATRY	0		0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00		
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00		
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00		
SNF/ICF	0		0	.00	.00	.000	.00	.00		
OUTPATIENTS	0		0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00		
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00		
ORAL SURGERY	0		0	.00	.00	.000	.00	.00		
DRUGS	0		0	.00	.00	.000	.00	.00		
ANESTHESIA	0		0	.00	.00	.000	.00	.00		
PERIODONTICS	0		0	.00	.00	.000	.00	.00		
ENDODONTICS	0		0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00		
PROSTHETICS	0		0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00		

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

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01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 MOP024 FEE-FOR-SERVICE/DENTAL
 YUBA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

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 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,482
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,483
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,484

MOP024
YUBA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 18,485
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,486
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,487
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,488
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,489
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

1,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	433	2,626	\$	235,909.21	\$	89.84	2.559
@PHYSICIANS SERVICES	166	336	\$	28,413.92	\$	84.57	.327
OUTPATIENT VISITS	52	42		5,203.04		123.88	.041
OFFICE VISITS	5	5		439.32		87.86	.005
HOME VISITS	0	0		.00		.000	.00
EMERGENCY ROOM	0	0		.00		.000	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	48	37	4,763.72	128.75	.036	99.24	4.64
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	23	39	1,757.27	45.06	.038	76.40	1.71
HOSPITAL VISITS	23	39	1,757.27	45.06	.038	76.40	1.71
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	56	14,655.89	261.71	.055	563.69	14.28
PRINCIPAL SURGEON	19	19	13,188.91	694.15	.019	694.15	12.85
ASSISTANT SURGEON	1	1	186.50	186.50	.001	186.50	.18
ANESTHESIOLOGIST	8	36	1,280.48	35.57	.035	160.06	1.25
OUTPATIENT SURGERY	5	8	219.67	27.46	.008	43.93	.21
PRINCIPAL SURGEON	4	4	125.66	31.42	.004	31.42	.12

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	1	4		94.01		.004	94.01	.09
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	7	10		312.84		.010	44.69	.30
RADIOLOGY	83	143		4,552.61		.139	54.85	4.44
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		38.76		.002	38.76	.04
OTHER SERVICES/ALL X-OVERS	16	36		1,673.84		.035	104.62	1.63
@PHARMACY	124	218	\$	7,018.02	\$	.212	56.60	6.84
PRESCRIPTION DRUGS	119	199		4,971.89		.194	41.78	4.85
SNF/ICF	0	0		.00		.000	.00	.00
OUTPATIENTS	119	199		4,971.89		.194	41.78	4.85
MEDICAL SUPPLIES	9	19		2,046.13		.019	227.35	1.99
@DENTIST	8	17	\$	130.00	\$	.017	16.25	.13
VISITS - DIAGNOSTIC	8	16		130.00		.016	16.25	.13
ORAL SURGERY	2	1		.00		.001	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	1	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

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1,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	12	15	\$ 757.30	\$ 50.49	.015	\$ 63.11	\$.74
NURSE ANESTHESIST	1	3	\$ 51.90	\$ 17.30	.003	\$ 51.90	\$.05
NURSE MIDWIFE	13	88	\$ 8,414.05	\$ 95.61	.086	\$ 647.23	\$ 8.20
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	209	1,298	\$ 169,449.27	\$ 130.55	1.265	\$ 810.76	\$ 165.16
HOSP INPATIENT TOTAL	37	122	140,636.72	1152.76	.119	3800.99	137.07
HSC HOSPITALS	3	8	9,481.02	1185.13	.008	3160.34	9.24
NON-HSC HOSPITAL TOTAL	33	109	130,315.70	1195.56	.106	3948.96	127.01
ACCOMMODATIONS	33	109	41,411.59	379.92	.106	1254.90	40.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	109	41,411.59	379.92	.106	1254.90	40.36
ANCILLARIES	33	0	88,904.11	.00	.000	2694.06	86.65

INPATIENT CROSSOVERS	1	5	840.00	168.00	.005	840.00	.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	190	1,176	28,812.55	24.50	1.146	151.65	28.08
MEDICAL	28	39	1,806.21	46.31	.038	64.51	1.76
SURGERY	5	6	94.14	15.69	.006	18.83	.09
PATHOLOGY	110	424	5,694.67	13.43	.413	51.77	5.55
RADIOLOGY	55	70	3,837.69	54.82	.068	69.78	3.74
ROOM USE	68	162	5,458.66	33.70	.158	80.27	5.32
CROSSOVERS/ALL OTH OUTPTNT	69	475	11,921.18	25.10	.463	172.77	11.62
@COUNTY HOSPITAL TOTAL	2	6	\$ 6,282.28	\$ 1047.05	.006	\$ 3141.14	\$ 6.12
CO HOSPITAL INPATIENT TOTAL	1	5	5,975.00	1195.00	.005	5975.00	5.82
HSC HOSPITALS	1	5	5,975.00	1195.00	.005	5975.00	5.82
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	307.28	307.28	.001	307.28	.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	307.28	307.28	.001	307.28	.30
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1,026 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	207	1,292	\$	163,166.99	\$ 126.29	1.259	\$ 788.25	\$ 159.03
COMM HOSP INPATIENT TOTAL	36	117		134,661.72	1150.95	.114	3740.60	131.25
HSC HOSPITALS	2	3		3,506.02	1168.67	.003	1753.01	3.42
NON-HSC HOSPITALS TOTAL	33	109		130,315.70	1195.56	.106	3948.96	127.01
ACCOMMODATIONS	33	109		41,411.59	379.92	.106	1254.90	40.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	109		41,411.59	379.92	.106	1254.90	40.36
ANCILLARIES	33	0		88,904.11	.00	.000	2694.06	86.65
INPATIENT CROSSOVERS	1	5		840.00	168.00	.005	840.00	.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	189	1,175		28,505.27	24.26	1.145	150.82	27.78
MEDICAL	28	39		1,806.21	46.31	.038	64.51	1.76
SURGERY	5	6		94.14	15.69	.006	18.83	.09
PATHOLOGY	110	424		5,694.67	13.43	.413	51.77	5.55
RADIOLOGY	55	70		3,837.69	54.82	.068	69.78	3.74
ROOM USE	68	162		5,458.66	33.70	.158	80.27	5.32
CROSSOVERS/ALL OTH OUTPTNT	68	474		11,613.90	24.50	.462	170.79	11.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	67	360	\$	5,617.61	\$	15.60	.351	\$ 83.84	\$ 5.48	
PATHOLOGY	67	360		5,617.61		15.60	.351	83.84	5.48	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	72	146	\$	12,442.47	\$	85.22	.142	\$ 172.81	\$ 12.13	
CLINIC	2	2		40.14		20.07	.002	20.07	.04	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	70	144		12,402.33		86.13	.140	177.18	12.09	
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	1,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	145	\$	3,614.67	\$ 24.93	.141	\$ 109.54	\$ 3.52
DURABLE MED. EQUIP.	2	2		199.98	99.99	.002	99.99	.19
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	125		1,524.69	12.20	.122	108.91	1.49
AMBULANCES/AIR TRANS	14	125		1,524.69	12.20	.122	108.91	1.49
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,890.00	105.00	.018	105.00	1.84
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$	840.00	\$.00	.000	\$ 840.00	\$.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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YUBA COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	10	58	\$ 5,115.72	\$ 88.20	1.568	\$ 511.57	\$ 138.26
@PHYSICIANS SERVICES	3	12	\$ 1,536.60	\$ 128.05	.324	\$ 512.20	\$ 41.53
OUTPATIENT VISITS	3	3	157.91	52.64	.081	52.64	4.27
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.027	126.31	3.41
OTHER OUTPATIENT	2	2	31.60	15.80	.054	15.80	.85
INPATIENT VISITS	1	1	53.79	53.79	.027	53.79	1.45
HOSPITAL VISITS	1	1	53.79	53.79	.027	53.79	1.45
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	4	1,216.85	304.21	.108	1216.85	32.89
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.027	1088.56	29.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	128.29	42.76	.081	128.29	3.47
OUTPATIENT SURGERY	1	1	9.12	9.12	.027	9.12	.25
PRINCIPAL SURGEON	1	1	9.12	9.12	.027	9.12	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	78.19	39.10	.054	39.10	2.11
RADIOLOGY	1	1	20.74	20.74	.027	20.74	.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	4	9	\$ 187.86	\$ 20.87	.243	\$ 46.97	\$ 5.08
PRESCRIPTION DRUGS	3	8	187.86	23.48	.216	62.62	5.08
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	8	187.86	23.48	.216	62.62	5.08
MEDICAL SUPPLIES	1	1	.00	.00	.027	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
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MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
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37 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS
PER ELIG

COST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	29	\$	2,902.51	\$	100.09	.784	\$	483.75	\$	78.45
HOSP INPATIENT TOTAL	1	2		2,412.01		1206.01	.054		2412.01		65.19
HSC HOSPITALS	1	2		2,412.01		1206.01	.054		2412.01		65.19
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	27		490.50		18.17	.730		81.75		13.26
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		19.56		19.56	.027		19.56		.53
PATHOLOGY	4	20		212.20		10.61	.541		53.05		5.74
RADIOLOGY	2	2		122.78		61.39	.054		61.39		3.32
ROOM USE	2	4		135.96		33.99	.108		67.98		3.67
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,495
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR REFUGEES										AID CODES 01 02 08 0A

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	29	\$ 2,902.51	\$ 100.09	.784	\$ 483.75	\$ 78.45
COMM HOSP INPATIENT TOTAL	1	2	2,412.01	1206.01	.054	2412.01	65.19
HSC HOSPITALS	1	2	2,412.01	1206.01	.054	2412.01	65.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	27	490.50	18.17	.730	81.75	13.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	19.56	19.56	.027	19.56	.53
PATHOLOGY	4	20	212.20	10.61	.541	53.05	5.74
RADIOLOGY	2	2	122.78	61.39	.054	61.39	3.32
ROOM USE	2	4	135.96	33.99	.108	67.98	3.67

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000		.00
ICF DD	0	0		.00		.00	.000		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	2	7	\$	383.75	\$	54.82	.189	\$	191.88
CLINIC	1	6		302.11		50.35	.162		302.11
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1	1		81.64		81.64	.027		81.64
#CALIF DEPT OF HEALTH SERV									
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.027	\$ 105.00	\$ 2.84
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.027	105.00	2.84
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,497
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	68	949	\$ 55,921.68	\$ 58.93	22.070	\$ 822.38	\$ 1300.50
@PHYSICIANS SERVICES	40	645	\$ 27,136.62	\$ 42.07	15.000	\$ 678.42	\$ 631.08
OUTPATIENT VISITS	23	37	1,324.90	35.81	.860	57.60	30.81
OFFICE VISITS	21	35	1,264.90	36.14	.814	60.23	29.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	60.00	30.00	.047	30.00	1.40
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27	1,672.91	61.96	.628	334.58	38.90
PRINCIPAL SURGEON	2	2	1,011.91	505.96	.047	505.96	23.53
ASSISTANT SURGEON	1	1	134.77	134.77	.023	134.77	3.13
ANESTHESIOLOGIST	3	24	526.23	21.93	.558	175.41	12.24
OUTPATIENT SURGERY	12	41	3,627.97	88.49	.953	302.33	84.37
PRINCIPAL SURGEON	7	8	2,744.60	343.08	.186	392.09	63.83
ASSISTANT SURGEON	2	2	208.49	104.25	.047	104.25	4.85
ANESTHESIOLOGIST	5	31	674.88	21.77	.721	134.98	15.69
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	11	1,039.67	94.52	.256	173.28	24.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	487	18,653.82	38.30	11.326	1434.91	433.81
OTHER SERVICES/ALL X-OVERS	14	42	817.35	19.46	.977	58.38	19.01
@PHARMACY	38	139	\$ 8,886.01	\$ 63.93	3.233	\$ 233.84	\$ 206.65
PRESCRIPTION DRUGS	38	139	8,886.01	63.93	3.233	233.84	206.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	38	139	8,886.01	63.93	3.233	233.84	206.65
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,498
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P						
					----- MONTHLY AVERAGE -----		
43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1 \$	47.45	\$ 47.45	.023	\$ 47.45	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.023	47.45	1.10
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	31	117 \$	16,320.88	\$ 139.49	2.721	\$ 526.48	\$ 379.56
HOSP INPATIENT TOTAL	3	4	11,074.83	2768.71	.093	3691.61	257.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	4	11,074.83	2768.71	.093	3691.61	257.55
ACCOMMODATIONS	3	4	1,462.16	365.54	.093	487.39	34.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	1,462.16	365.54	.093	487.39	34.00
ANCILLARIES	3	0	9,612.67	.00	.000	3204.22	223.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	113	5,246.05	46.43	2.628	187.36	122.00
MEDICAL	8	8	239.74	29.97	.186	29.97	5.58
SURGERY	4	4	316.90	79.23	.093	79.23	7.37
PATHOLOGY	20	55	1,174.33	21.35	1.279	58.72	27.31
RADIOLOGY	7	9	713.90	79.32	.209	101.99	16.60
ROOM USE	5	17	545.80	32.11	.395	109.16	12.69
CROSSOVERS/ALL OTH OUTPTNT	8	20	2,255.38	112.77	.465	281.92	52.45
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,499
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	117	\$	16,320.88	\$ 139.49	2.721	\$ 526.48	\$ 379.56
COMM HOSP INPATIENT TOTAL	3	4		11,074.83	2768.71	.093	3691.61	257.55
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	4		11,074.83	2768.71	.093	3691.61	257.55
ACCOMMODATIONS	3	4		1,462.16	365.54	.093	487.39	34.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	4		1,462.16	365.54	.093	487.39	34.00
ANCILLARIES	3	0		9,612.67	.00	.000	3204.22	223.55
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28	113		5,246.05	46.43	2.628	187.36	122.00
MEDICAL	8	8		239.74	29.97	.186	29.97	5.58
SURGERY	4	4		316.90	79.23	.093	79.23	7.37
PATHOLOGY	20	55		1,174.33	21.35	1.279	58.72	27.31
RADIOLOGY	7	9		713.90	79.32	.209	101.99	16.60
ROOM USE	5	17		545.80	32.11	.395	109.16	12.69
CROSSOVERS/ALL OTH OUTPTNT	8	20		2,255.38	112.77	.465	281.92	52.45
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	13	\$	295.70	22.75	.302	59.14	6.88
PATHOLOGY	5	13		295.70	22.75	.302	59.14	6.88
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	32	\$	2,761.79	86.31	.744	162.46	64.23
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	32		2,761.79	86.31	.744	162.46	64.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,500
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 473.23	\$ 236.62	.047	\$ 473.23	\$ 11.01
DURABLE MED. EQUIP.	1	2	473.23	236.62	.047	473.23	11.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,501
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES 0R 0T 0U 0V	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	82	\$ 5,277.93	\$ 64.37	.000	\$ 1319.48	\$.00
@PHYSICIANS SERVICES	2	4	\$ 152.11	\$ 38.03	.000	\$ 76.06	\$.00
OUTPATIENT VISITS	2	2	42.10	21.05	.000	21.05	.00
OFFICE VISITS	2	2	42.10	21.05	.000	21.05	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	110.01	55.01	.000	110.01	.00
PRINCIPAL SURGEON	1	2	110.01	55.01	.000	110.01	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	1	\$ 6.69	\$ 6.69	.000	\$ 6.69	\$.00
PRESCRIPTION DRUGS	1	1	6.69	6.69	.000	6.69	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	6.69	6.69	.000	6.69	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,502
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	4	76	\$ 5,032.15	\$ 66.21	.000 \$ 1258.04 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	4	76	5,032.15	66.21	.000 1258.04 .00
MEDICAL	3	10	220.67	22.07	.000 73.56 .00
SURGERY	1	1	131.30	131.30	.000 131.30 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	2	13	575.35	44.26	.000 287.68 .00
CROSSOVERS/ALL OTH OUTPTNT	4	52	4,104.83	78.94	.000 1026.21 .00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,503
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	76	\$ 5,032.15	\$ 66.21	.000	\$ 1258.04	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	76	5,032.15	66.21	.000	1258.04	.00
MEDICAL	3	10	220.67	22.07	.000	73.56	.00
SURGERY	1	1	131.30	131.30	.000	131.30	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	13	575.35	44.26	.000	287.68	.00
CROSSOVERS/ALL OTH OUTPTNT	4	52	4,104.83	78.94	.000	1026.21	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	1	1	\$	86.98	\$	86.98	.000	\$	86.98	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		86.98		86.98	.000		86.98		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,504
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,505
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	72	1,031	\$ 61,199.61	\$ 59.36	23.977	\$ 849.99	\$ 1423.25
@PHYSICIANS SERVICES	42	649	\$ 27,288.73	\$ 42.05	15.093	\$ 649.73	\$ 634.62
OUTPATIENT VISITS	25	39	1,367.00	35.05	.907	54.68	31.79
OFFICE VISITS	23	37	1,307.00	35.32	.860	56.83	30.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	60.00	30.00	.047	30.00	1.40
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27	1,672.91	61.96	.628	334.58	38.90
PRINCIPAL SURGEON	2	2	1,011.91	505.96	.047	505.96	23.53
ASSISTANT SURGEON	1	1	134.77	134.77	.023	134.77	3.13
ANESTHESIOLOGIST	3	24	526.23	21.93	.558	175.41	12.24
OUTPATIENT SURGERY	13	43	3,737.98	86.93	1.000	287.54	86.93
PRINCIPAL SURGEON	8	10	2,854.61	285.46	.233	356.83	66.39
ASSISTANT SURGEON	2	2	208.49	104.25	.047	104.25	4.85
ANESTHESIOLOGIST	5	31	674.88	21.77	.721	134.98	15.69
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	6	11		1,039.67		94.52	.256	173.28	24.18
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	487		18,653.82		38.30	11.326	1434.91	433.81
OTHER SERVICES/ALL X-OVERS	14	42		817.35		19.46	.977	58.38	19.01
@PHARMACY	39	140	\$	8,892.70	\$	63.52	3.256	228.02	206.81
PRESCRIPTION DRUGS	39	140		8,892.70		63.52	3.256	228.02	206.81
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	39	140		8,892.70		63.52	3.256	228.02	206.81
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 18,506
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	1	\$	47.45	\$ 47.45	.023	\$ 47.45	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.023	47.45	1.10
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35	193	\$	21,353.03	\$ 110.64	4.488	\$ 610.09	\$ 496.58
HOSP INPATIENT TOTAL	3	4		11,074.83	2768.71	.093	3691.61	257.55
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	4		11,074.83	2768.71	.093	3691.61	257.55
ACCOMMODATIONS	3	4		1,462.16	365.54	.093	487.39	34.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4		1,462.16	365.54	.093	487.39	34.00
ANCILLARIES	3	0		9,612.67	.00	.000	3204.22	223.55
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	189		10,278.20	54.38	4.395	321.19	239.03
MEDICAL	11	18		460.41	25.58	.419	41.86	10.71

SURGERY	5	5	448.20	89.64	.116	89.64	10.42
PATHOLOGY	20	55	1,174.33	21.35	1.279	58.72	27.31
RADIOLOGY	7	9	713.90	79.32	.209	101.99	16.60
ROOM USE	7	30	1,121.15	37.37	.698	160.16	26.07
CROSSOVERS/ALL OTH OUTPTNT	12	72	6,360.21	88.34	1.674	530.02	147.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,507
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	193	\$ 21,353.03	\$ 110.64	4.488	\$ 610.09	\$ 496.58
COMM HOSP INPATIENT TOTAL	3	4	11,074.83	2768.71	.093	3691.61	257.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	4	11,074.83	2768.71	.093	3691.61	257.55
ACCOMMODATIONS	3	4	1,462.16	365.54	.093	487.39	34.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	1,462.16	365.54	.093	487.39	34.00
ANCILLARIES	3	0	9,612.67	.00	.000	3204.22	223.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32	189	10,278.20	54.38	4.395	321.19	239.03
MEDICAL	11	18	460.41	25.58	.419	41.86	10.71
SURGERY	5	5	448.20	89.64	.116	89.64	10.42
PATHOLOGY	20	55	1,174.33	21.35	1.279	58.72	27.31
RADIOLOGY	7	9	713.90	79.32	.209	101.99	16.60
ROOM USE	7	30	1,121.15	37.37	.698	160.16	26.07
CROSSOVERS/ALL OTH OUTPTNT	12	72	6,360.21	88.34	1.674	530.02	147.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	13	\$	295.70	\$	22.75	.302	\$ 59.14	\$ 6.88
PATHOLOGY	5	13		295.70		22.75	.302	59.14	6.88
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	33	\$	2,848.77	\$	86.33	.767	\$ 158.27	\$ 66.25
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	18	33		2,848.77		86.33	.767	158.27	66.25

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,508
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

43 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 473.23	\$ 236.62	.047	\$ 473.23	\$ 11.01
DURABLE MED. EQUIP.	1	2	473.23	236.62	.047	473.23	11.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,509
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	44	114	\$	2,786.48	\$	24.44	.407	\$	63.33	\$	9.95
@PHYSICIANS SERVICES	23	48	\$	1,297.97	\$	27.04	.171	\$	56.43	\$	4.64
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	48		1,297.97	27.04	.171	56.43	4.64
@PHARMACY	4	13	\$	200.80	\$ 15.45	.046	\$ 50.20	\$.72
PRESCRIPTION DRUGS	0	1		12.74CR	12.74CR	.004	.00	.05CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	1		12.74CR	12.74CR	.004	.00	.05CR
MEDICAL SUPPLIES	4	12		213.54	17.80	.043	53.39	.76
@DENTIST	1	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	1	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 18,510
01/29/04

280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 3.46	\$ 1.73	.007	\$ 3.46	\$.01
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	2	3.46	1.73	.007	3.46	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4	14	\$ 280.87	\$ 20.06	.050	\$ 70.22	\$ 1.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

AID CODE 80

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	14	280.87	20.06	.050	70.22	1.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	14	280.87	20.06	.050	70.22	1.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,511
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
			AID CODE 80				

280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	14	\$ 280.87	\$ 20.06	.050	\$ 70.22	\$ 1.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	14	280.87	20.06	.050	70.22	1.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	14	280.87	20.06	.050	70.22	1.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	2	0	\$	115.47	\$	.00	.000	\$	57.74	\$	.41
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		115.47		.00	.000		57.74		.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	198.93	\$	198.93	.004	\$	198.93	\$	.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		198.93		198.93	.004		198.93		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
MOP024											
YUBA COUNTY											
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003					PAGE 18,512		
				FEE-FOR-SERVICE/DENTAL					01/29/04		
				SUMMARY OF SERVICES FOR QMB - ONLY							
				AID CODE 80							

280 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	36	\$ 688.98	\$ 19.14	.129	\$ 40.53	\$ 2.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	36	688.98	19.14	.129	40.53	2.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 43 113 \$ 2,799.22 \$ 24.77 .404 \$ 65.10 \$ 10.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,513
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,921 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	794	2,566	\$ 98,648.55	\$ 38.44	1.336	\$ 124.24	\$ 51.35
@PHYSICIANS SERVICES	105	333	\$ 7,782.42	\$ 23.37	.173	\$ 74.12	\$ 4.05
OUTPATIENT VISITS	77	96	3,217.43	33.51	.050	41.78	1.67
OFFICE VISITS	75	94	3,128.23	33.28	.049	41.71	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.001	44.60	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	226.61	56.65	.002	113.31	.12
HOSPITAL VISITS	2	4	226.61	56.65	.002	113.31	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.03
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	16	479.68	29.98	.008	159.89	.25
PRINCIPAL SURGEON	2	2	183.64	91.82	.001	91.82	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	296.04	21.15	.007	148.02	.15
OUTPATIENT SURGERY	14	73	2,832.34	38.80	.038	202.31	1.47
PRINCIPAL SURGEON	8	8	1,301.29	162.66	.004	162.66	.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	65	1,531.05	23.55	.034	153.11	.80
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	10	21.31CR	2.13CR	.005	2.37CR	.01CR
RADIOLOGY	18	20	228.81	11.44	.010	12.71	.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	113	761.07	6.74	.059	95.13	.40
@PHARMACY	346	725	\$ 17,830.52	\$ 24.59	.377	\$ 51.53	\$ 9.28
PRESCRIPTION DRUGS	345	724	17,821.12	24.61	.377	51.66	9.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	345	724	17,821.12	24.61	.377	51.66	9.28
MEDICAL SUPPLIES	1	1	9.40	9.40	.001	9.40	.00
@DENTIST	68	385	\$ 12,142.00	\$ 31.54	.200	\$ 178.56	\$ 6.32
VISITS - DIAGNOSTIC	52	209	3,180.00	15.22	.109	61.15	1.66
ORAL SURGERY	7	20	688.00	34.40	.010	98.29	.36
DRUGS	9	12	190.00	15.83	.006	21.11	.10
ANESTHESIA	2	3	300.00	100.00	.002	150.00	.16
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	9	30	2,130.00	71.00	.016	236.67	1.11
RESTORATIVE DENTISTRY	29	103	5,334.00	51.79	.054	183.93	2.78
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	320.00	160.00	.001	160.00	.17
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	6	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 18,514
01/29/04

						----- MONTHLY AVERAGE -----			
1,921 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	5	\$	137.75	\$ 27.55	.003	\$ 68.88	\$	.07
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.001	47.45		.05
EYE APPLIANCES	1	3		42.85	14.28	.002	42.85		.02
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	20	\$	256.65	12.83	.010	\$ 51.33	\$.13
@TOTAL HOSPITAL	68	216	\$	11,462.15	53.07	.112	\$ 168.56	\$ 5.97
HOSP INPATIENT TOTAL	3	6		5,242.71	873.79	.003	1747.57	2.73
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	6		5,242.71	873.79	.003	1747.57	2.73
ACCOMMODATIONS	3	6		1,683.19	280.53	.003	561.06	.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6		1,683.19	280.53	.003	561.06	.88
ANCILLARIES	3	0		3,559.52	.00	.000	1186.51	1.85
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	66	210		6,219.44	29.62	.109	94.23	3.24
MEDICAL	27	33		1,218.95	36.94	.017	45.15	.63
SURGERY	11	12		462.98	38.58	.006	42.09	.24
PATHOLOGY	19	44		482.74	10.97	.023	25.41	.25
RADIOLOGY	20	22		623.79	28.35	.011	31.19	.32
ROOM USE	48	62		2,840.13	45.81	.032	59.17	1.48
CROSSOVERS/ALL OTH OUTPTNT	22	37		590.85	15.97	.019	26.86	.31
@COUNTY HOSPITAL TOTAL	2	6	\$	168.54	28.09	.003	\$ 84.27	\$.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6		168.54	28.09	.003	84.27	.09
MEDICAL	2	3		67.29	22.43	.002	33.65	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	3		101.25	33.75	.002	50.63	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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YUBA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,921 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68	210	\$ 11,293.61	\$ 53.78	.109	\$ 166.08	\$ 5.88
COMM HOSP INPATIENT TOTAL	3	6	5,242.71	873.79	.003	1747.57	2.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	6	5,242.71	873.79	.003	1747.57	2.73
ACCOMMODATIONS	3	6	1,683.19	280.53	.003	561.06	.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	6	1,683.19	280.53	.003	561.06	.88
ANCILLARIES	3	0	3,559.52	.00	.000	1186.51	1.85
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	66	204		6,050.90		29.66	.106	91.68	3.15
MEDICAL	26	30		1,151.66		38.39	.016	44.29	.60
SURGERY	11	12		462.98		38.58	.006	42.09	.24
PATHOLOGY	19	44		482.74		10.97	.023	25.41	.25
RADIOLOGY	20	22		623.79		28.35	.011	31.19	.32
ROOM USE	47	59		2,738.88		46.42	.031	58.27	1.43
CROSSOVERS/ALL OTH OUTPTNT	22	37		590.85		15.97	.019	26.86	.31
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	23	43	\$	486.90	\$	11.32	.022	21.17	.25
PATHOLOGY	23	43		486.90		11.32	.022	21.17	.25
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	368	541	\$	44,873.28	\$	82.95	.282	121.94	23.36
CLINIC	6	9		214.26		23.81	.005	35.71	.11
SURGICENTER	4	25		777.83		31.11	.013	194.46	.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	359	507		43,881.19		86.55	.264	122.23	22.84
#CALIF DEPT OF HEALTH SERV									
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YUBA COUNTY									

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
FEE-FOR-SERVICE/DENTAL									
SUMMARY OF SERVICES FOR 133% PROGRAM									
AID CODES 72 74 8N 8P									
----- MONTHLY AVERAGE -----									
1,921 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	80	298	\$ 3,676.88	\$ 12.34	.155	\$ 45.96	\$ 1.91		
DURABLE MED. EQUIP.	7	7	456.25	65.18	.004	65.18	.24		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	3	5	121.36	24.27	.003	40.45	.06		
AMBULANCES/AIR TRANS	3	5	121.36	24.27	.003	40.45	.06		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	1	2	26.08	13.04	.001	26.08	.01		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	1	1	47.08	47.08	.001	47.08	.02		
PROSTHETICS	1	1	47.08	47.08	.001	47.08	.02		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	189.41	37.88	.003	63.14	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	65	277	2,812.04	10.15	.144	43.26	1.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	24.66	24.66	.001	24.66	.01
@CALIF. CHILDREN SERVICES*	4	9	\$ 502.55	\$ 55.84	.005	\$ 125.64	\$.26
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,517
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

2,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	964	4,616	\$ 160,915.38	\$ 34.86	1.983 \$ 166.92 \$ 69.12
@PHYSICIANS SERVICES	160	666	\$ 13,747.15	\$ 20.64	.286 \$ 85.92 \$ 5.91
OUTPATIENT VISITS	78	90	3,229.62	35.88	.039 41.41 1.39
OFFICE VISITS	67	74	2,456.57	33.20	.032 36.67 1.06
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	8	8	384.08	48.01	.003 48.01 .16
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	2	3	247.27	82.42	.001 123.64 .11
OTHER OUTPATIENT	4	5	141.70	28.34	.002 35.43 .06
INPATIENT VISITS	4	6	259.35	43.23	.003 64.84 .11
HOSPITAL VISITS	4	6	259.35	43.23	.003 64.84 .11
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	5	5	197.11	39.42	.002 39.42 .08
EXAMINATIONS	5	5	197.11	39.42	.002 39.42 .08
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	6	24	4,302.02	179.25	.010 717.00 1.85
PRINCIPAL SURGEON	5	5	3,802.18	760.44	.002 760.44 1.63
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	3	19	499.84	26.31	.008 166.61 .21
OUTPATIENT SURGERY	9	34	1,890.98	55.62	.015 210.11 .81
PRINCIPAL SURGEON	7	12	1,337.83	111.49	.005 191.12 .57
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	5	22	553.15	25.14	.009 110.63 .24
DIALYSIS	0	0	.00	.00	.000 .00 .00
PATHOLOGY	4	0	5.43	.00	.000 1.36 .00
RADIOLOGY	57	75	1,485.04	19.80	.032 26.05 .64
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	4	7	264.01	37.72	.003 66.00 .11
OTHER SERVICES/ALL X-OVERS	37	425	2,113.59	4.97	.183 57.12 .91
@PHARMACY	357	791	\$ 29,430.37	\$ 37.21	.340 \$ 82.44 \$ 12.64
PRESCRIPTION DRUGS	353	774	28,881.51	37.31	.332 81.82 12.41
SNF/ICF	0	0	.00	.00	.000 .00 .00
OUTPATIENTS	353	774	28,881.51	37.31	.332 81.82 12.41
MEDICAL SUPPLIES	10	17	548.86	32.29	.007 54.89 .24
@DENTIST	123	644	\$ 17,224.30	\$ 26.75	.277 \$ 140.03 \$ 7.40
VISITS - DIAGNOSTIC	85	448	6,462.00	14.42	.192 76.02 2.78
ORAL SURGERY	10	17	1,177.00	69.24	.007 117.70 .51
DRUGS	4	4	100.00	25.00	.002 25.00 .04
ANESTHESIA	2	2	200.00	100.00	.001 100.00 .09

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	6	7	1,303.00	186.14	.003	217.17	.56
RESTORATIVE DENTISTRY	41	92	4,871.80	52.95	.040	118.82	2.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	20	58	3,110.50	53.63	.025	155.53	1.34
ALL OTHER SERVICES	2	15	.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,518
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

2,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	76	\$ 1,689.91	\$ 22.24	.033	\$ 62.59	\$.73
DIAGNOSTIC AND ANC. PROCED	19	21	897.30	42.73	.009	47.23	.39
EYE APPLIANCES	21	55	792.61	14.41	.024	37.74	.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	3	\$ 50.16	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	3	3	50.16	16.72	.001	16.72	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	2	\$ 90.72	\$ 45.36	.001	\$ 90.72	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	10	\$ 120.56	\$ 12.06	.004	\$ 60.28	\$.05
@TOTAL HOSPITAL	126	480	\$ 44,559.86	\$ 92.83	.206	\$ 353.65	\$ 19.14
HOSP INPATIENT TOTAL	6	22	29,647.44	1347.61	.009	4941.24	12.74
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	22	29,647.44	1347.61	.009	4941.24	12.74
ACCOMMODATIONS	6	22	7,769.12	353.14	.009	1294.85	3.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22	7,769.12	353.14	.009	1294.85	3.34
ANCILLARIES	6	0	21,878.32	.00	.000	3646.39	9.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	125	458	14,912.42	32.56	.197	119.30	6.41
MEDICAL	33	39	2,206.00	56.56	.017	66.85	.95
SURGERY	13	15	866.68	57.78	.006	66.67	.37
PATHOLOGY	40	106	1,256.13	11.85	.046	31.40	.54
RADIOLOGY	57	75	3,363.17	44.84	.032	59.00	1.44
ROOM USE	73	99	4,463.37	45.08	.043	61.14	1.92
CROSSOVERS/ALL OTH OUTPTNT	51	124	2,757.07	22.23	.053	54.06	1.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,519
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	2,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		126	480 \$	44,559.86	\$ 92.83	.206	\$ 353.65	\$ 19.14

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	6	22		29,647.44	1347.61	.009	4941.24	12.74
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	22		29,647.44	1347.61	.009	4941.24	12.74
ACCOMMODATIONS	6	22		7,769.12	353.14	.009	1294.85	3.34
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	22		7,769.12	353.14	.009	1294.85	3.34
ANCILLARIES	6	0		21,878.32	.00	.000	3646.39	9.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	125	458		14,912.42	32.56	.197	119.30	6.41
MEDICAL	33	39		2,206.00	56.56	.017	66.85	.95
SURGERY	13	15		866.68	57.78	.006	66.67	.37
PATHOLOGY	40	106		1,256.13	11.85	.046	31.40	.54
RADIOLOGY	57	75		3,363.17	44.84	.032	59.00	1.44
ROOM USE	73	99		4,463.37	45.08	.043	61.14	1.92
CROSSOVERS/ALL OTH OUTPTNT	51	124		2,757.07	22.23	.053	54.06	1.18
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	42	169	\$	2,220.71	\$ 13.14	.073	\$ 52.87	\$.95
PATHOLOGY	42	169		2,220.71	13.14	.073	52.87	.95
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	313	476	\$	38,624.90	\$ 81.14	.204	\$ 123.40	\$ 16.59
CLINIC	9	37		790.81	21.37	.016	87.87	.34
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	306	439		37,834.09	86.18	.189	123.64	16.25

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

PAGE 18,520 01/29/04

	2,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	213	1,299	\$	13,156.74	\$ 10.13	.558	\$ 61.77	\$ 5.65
DURABLE MED. EQUIP.	1	2		38.26	19.13	.001	38.26	.02
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	55		825.05	15.00	.024	117.86	.35
AMBULANCES/AIR TRANS	7	55		825.05	15.00	.024	117.86	.35
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	38	309.34	8.14	.016	17.19	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	11	741.26	67.39	.005	123.54	.32
PROSTHETICS	6	11	741.26	67.39	.005	123.54	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	15	761.84	50.79	.006	95.23	.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	178	1,177	10,375.99	8.82	.506	58.29	4.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	6	\$ 184.90	\$ 30.82	.003	\$ 61.63	\$.08
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,521
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	247	577	\$ 33,679.36	\$ 58.37	.000	\$ 136.35	\$.00
@PHYSICIANS SERVICES	14	94CR	\$ 2,558.81CR	\$ 27.22	.000	\$ 182.77CR\$	.00
OUTPATIENT VISITS	7	101CR	3,050.78CR	30.21	.000	435.83CR	.00
OFFICE VISITS	2	4CR	48.00CR	12.00	.000	24.00CR	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	97CR	3,002.78CR	30.96	.000	500.46CR	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	168.65	168.65	.000	168.65	.00
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	45.60	22.80	.000	45.60	.00
PRINCIPAL SURGEON	1	2	45.60	22.80	.000	45.60	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	3CR	17.88CR	5.96	.000	.00	.00
RADIOLOGY	7	7	295.60	42.23	.000	42.23	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	5	6	\$	86.51	\$	14.42	.000	\$	17.30	\$	.00
PRESCRIPTION DRUGS	5	6		86.51		14.42	.000		17.30		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	6		86.51		14.42	.000		17.30		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,522
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	14	22	\$ 1,004.22	\$ 45.65	.000	\$ 71.73	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	22	1,004.22	45.65	.000	71.73	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	12	376.94	31.41	.000	47.12	.00
RADIOLOGY	8	8	567.68	70.96	.000	70.96	.00
ROOM USE	2	2	59.60	29.80	.000	29.80	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,523
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	22	\$ 1,004.22	\$ 45.65	.000	\$ 71.73	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	22	1,004.22	45.65	.000	71.73	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	12	376.94	31.41	.000	47.12	.00
RADIOLOGY	8	8	567.68	70.96	.000	70.96	.00
ROOM USE	2	2	59.60	29.80	.000	29.80	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	86	300	\$	6,952.70	\$	23.18	.000	\$	80.85	\$	.00
PATHOLOGY	86	300		6,952.70		23.18	.000		80.85		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	181	335	\$	27,354.74	\$	81.66	.000	\$	151.13	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	181	335		27,354.74		81.66	.000		151.13		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,524
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	\$	840.00	\$ 105.00	.000	\$ 105.00 \$.00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00 .00
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	8		840.00	105.00	.000	105.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,525
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,526
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,527
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 18,528 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 18,529
01/29/04

114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	135	743	\$ 72,593.20	\$ 97.70	6.518	\$ 537.73	\$ 636.78
@PHYSICIANS SERVICES	44	102	\$ 8,950.19	\$ 87.75	.895	\$ 203.41	\$ 78.51
OUTPATIENT VISITS	16	20	1,920.34	96.02	.175	120.02	16.85
OFFICE VISITS	1	1	102.20	102.20	.009	102.20	.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.009	24.38	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	14	18	1,793.76	99.65	.158	128.13	15.73
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	10	624.07	62.41	.088	104.01	5.47

HOSPITAL VISITS	6	9		399.82	44.42	.079	66.64	3.51
CRITICAL CARE	1	1		224.25	224.25	.009	224.25	1.97
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	41		4,788.74	116.80	.360	478.87	42.01
PRINCIPAL SURGEON	4	4		3,265.74	816.44	.035	816.44	28.65
ASSISTANT SURGEON	2	2		373.00	186.50	.018	186.50	3.27
ANESTHESIOLOGIST	7	35		1,150.00	32.86	.307	164.29	10.09
OUTPATIENT SURGERY	2	3		298.76	99.59	.026	149.38	2.62
PRINCIPAL SURGEON	2	3		298.76	99.59	.026	149.38	2.62
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		191.96	95.98	.018	95.98	1.68
RADIOLOGY	16	18		940.71	52.26	.158	58.79	8.25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		2.08	.00	.000	.00	.02
OTHER SERVICES/ALL X-OVERS	6	8		183.53	22.94	.070	30.59	1.61
@PHARMACY	19	38	\$	954.78	\$ 25.13	.333	\$ 50.25	\$ 8.38
PRESCRIPTION DRUGS	18	31		608.94	19.64	.272	33.83	5.34
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	18	31		608.94	19.64	.272	33.83	5.34
MEDICAL SUPPLIES	3	7		345.84	49.41	.061	115.28	3.03
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 18,530
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	\$	442.33	\$ 49.15	.079	\$ 49.15	\$ 3.88
NURSE ANESTHESIST	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	5	11	\$	3,698.85	\$	336.26	.096	\$	739.77	\$	32.45
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	57	420	\$	52,473.78	\$	124.94	3.684	\$	920.59	\$	460.30
HOSP INPATIENT TOTAL	9	42		43,465.67		1034.90	.368		4829.52		381.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	9	42		43,465.67		1034.90	.368		4829.52		381.28
ACCOMMODATIONS	9	42		14,002.62		333.40	.368		1555.85		122.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	42		14,002.62		333.40	.368		1555.85		122.83
ANCILLARIES	9	0		29,463.05		.00	.000		3273.67		258.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	378		9,008.11		23.83	3.316		176.63		79.02
MEDICAL	6	6		293.74		48.96	.053		48.96		2.58
SURGERY	5	5		154.76		30.95	.044		30.95		1.36
PATHOLOGY	24	120		2,046.85		17.06	1.053		85.29		17.95
RADIOLOGY	14	15		1,082.82		72.19	.132		77.34		9.50
ROOM USE	27	59		2,022.35		34.28	.518		74.90		17.74
CROSSOVERS/ALL OTH OUTPTNT	30	173		3,407.59		19.70	1.518		113.59		29.89
@COUNTY HOSPITAL TOTAL	4	36	\$	969.98	\$	26.94	.316	\$	242.50	\$	8.51
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	36		969.98		26.94	.316		242.50		8.51
MEDICAL	1	1		8.97		8.97	.009		8.97		.08
SURGERY	3	3		126.37		42.12	.026		42.12		1.11
PATHOLOGY	2	13		259.31		19.95	.114		129.66		2.27
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	7		462.15		66.02	.061		231.08		4.05
CROSSOVERS/ALL OTH OUTPTNT	4	12		113.18		9.43	.105		28.30		.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 18,531
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N										

	114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	384	\$	51,503.80	\$ 134.12	3.368	\$ 971.77	\$ 451.79
COMM HOSP INPATIENT TOTAL	9	42		43,465.67	1034.90	.368	4829.52	381.28
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	42		43,465.67	1034.90	.368	4829.52	381.28
ACCOMMODATIONS	9	42		14,002.62	333.40	.368	1555.85	122.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42		14,002.62	333.40	.368	1555.85	122.83
ANCILLARIES	9	0		29,463.05	.00	.000	3273.67	258.45
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	342		8,038.13	23.50	3.000	171.02	70.51
MEDICAL	5	5		284.77	56.95	.044	56.95	2.50
SURGERY	2	2		28.39	14.20	.018	14.20	.25
PATHOLOGY	22	107		1,787.54	16.71	.939	81.25	15.68

RADIOLOGY	14	15		1,082.82		72.19	.132	77.34	9.50
ROOM USE	25	52		1,560.20		30.00	.456	62.41	13.69
CROSSOVERS/ALL OTH OUTPTNT	26	161		3,294.41		20.46	1.412	126.71	28.90
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	25	90	\$	1,798.81	\$	19.99	.789	71.95	15.78
PATHOLOGY	25	90		1,798.81		19.99	.789	71.95	15.78
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	65	\$	3,450.77	\$	53.09	.570	172.54	30.27
CLINIC	16	57		2,831.59		49.68	.500	176.97	24.84
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	4	8		619.18		77.40	.070	154.80	5.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,532
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

114 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	8	\$ 823.69	\$ 102.96	.070	\$ 102.96	\$ 7.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.061	105.00	6.45
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	88.69	88.69	.009	88.69	.78
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	88.69	88.69	.009	88.69	.78
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,533
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

2,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,166	4,183	\$ 203,575.75	\$ 48.67	2.073	\$ 174.59	\$ 100.88
@PHYSICIANS SERVICES	213	501	\$ 21,086.80	\$ 42.09	.248	\$ 99.00	\$ 10.45
OUTPATIENT VISITS	116	97	3,842.17	39.61	.048	33.12	1.90
OFFICE VISITS	93	77	2,428.13	31.53	.038	26.11	1.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	14	750.21	53.59	.007	53.59	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	4	621.95	155.49	.002	77.74	.31
OTHER OUTPATIENT	2	2	41.88	20.94	.001	20.94	.02
INPATIENT VISITS	14	35	2,330.84	66.60	.017	166.49	1.16
HOSPITAL VISITS	14	32	1,512.14	47.25	.016	108.01	.75
CRITICAL CARE	1	3	818.70	272.90	.001	818.70	.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	115.50	38.50	.001	57.75	.06
EXAMINATIONS	2	3	115.50	38.50	.001	57.75	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	43	5,618.67	130.67	.021	401.33	2.78
PRINCIPAL SURGEON	11	11	4,221.49	383.77	.005	383.77	2.09
ASSISTANT SURGEON	2	2	373.00	186.50	.001	186.50	.18
ANESTHESIOLOGIST	5	30	1,024.18	34.14	.015	204.84	.51
OUTPATIENT SURGERY	18	43	3,591.33	83.52	.021	199.52	1.78
PRINCIPAL SURGEON	14	16	2,754.21	172.14	.008	196.73	1.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	27	837.12	31.00	.013	104.64	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	27	321.96	11.92	.013	16.95	.16
RADIOLOGY	73	114	2,687.71	23.58	.056	36.82	1.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8	110.44	13.81	.004	27.61	.05
OTHER SERVICES/ALL X-OVERS	32	131	2,468.18	18.84	.065	77.13	1.22
@PHARMACY	559	1,183	\$ 48,587.85	\$ 41.07	.586	\$ 86.92	\$ 24.08
PRESCRIPTION DRUGS	557	1,173	48,245.40	41.13	.581	86.62	23.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	557	1,173	48,245.40	41.13	.581	86.62	23.91
MEDICAL SUPPLIES	5	10	342.45	34.25	.005	68.49	.17
@DENTIST	70	337	\$ 7,387.30	\$ 21.92	.167	\$ 105.53	\$ 3.66
VISITS - DIAGNOSTIC	54	255	3,263.30	12.80	.126	60.43	1.62
ORAL SURGERY	7	11	594.00	54.00	.005	84.86	.29
DRUGS	5	5	125.00	25.00	.002	25.00	.06
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	5	355.00	71.00	.002	118.33	.18
RESTORATIVE DENTISTRY	18	47	2,425.00	51.60	.023	134.72	1.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	1	50.00	50.00	.000	50.00	.02
SPACE MAINTAINERS	1	3	360.00	120.00	.001	360.00	.18
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	140.00	46.67	.001	46.67	.07
ALL OTHER SERVICES	4	7	75.00	10.71	.003	18.75	.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,534
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	2,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	21	\$	509.21	\$ 24.25	.010	\$ 56.58	\$.25
DIAGNOSTIC AND ANC. PROCED	6	6		284.70	47.45	.003	47.45	.14
EYE APPLIANCES	6	15		224.51	14.97	.007	37.42	.11
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	7	12	\$	200.64	\$	16.72	.006	\$	28.66	\$	.10
VISITS	7	12		200.64		16.72	.006		28.66		.10
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	8	\$	367.47	\$	45.93	.004	\$	61.25	\$	.18
NURSE ANESTHESIST	2	10	\$	191.30	\$	19.13	.005	\$	95.65	\$	.09
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	10	\$	168.45	\$	16.85	.005	\$	33.69	\$	.08
@TOTAL HOSPITAL	184	844	\$	77,073.61	\$	91.32	.418	\$	418.88	\$	38.19
HOSP INPATIENT TOTAL	15	47		55,075.94		1171.83	.023		3671.73		27.29
HSC HOSPITALS	4	12		17,482.04		1456.84	.006		4370.51		8.66
NON-HSC HOSPITAL TOTAL	12	35		37,593.90		1074.11	.017		3132.83		18.63
ACCOMMODATIONS	12	35		13,179.02		376.54	.017		1098.25		6.53
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	35		13,179.02		376.54	.017		1098.25		6.53
ANCILLARIES	12	0		24,414.88		.00	.000		2034.57		12.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	176	797		21,997.67		27.60	.395		124.99		10.90
MEDICAL	67	97		4,443.58		45.81	.048		66.32		2.20
SURGERY	17	23		1,365.82		59.38	.011		80.34		.68
PATHOLOGY	62	261		3,024.32		11.59	.129		48.78		1.50
RADIOLOGY	66	94		4,306.51		45.81	.047		65.25		2.13
ROOM USE	121	149		5,902.85		39.62	.074		48.78		2.93
CROSSOVERS/ALL OTH OUTPTNT	80	173		2,954.59		17.08	.086		36.93		1.46
@COUNTY HOSPITAL TOTAL	1	5	\$	206.16	\$	41.23	.002	\$	206.16	\$	.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	5		206.16		41.23	.002		206.16		.10
MEDICAL	1	1		99.29		99.29	.000		99.29		.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		37.75		18.88	.001		37.75		.02
ROOM USE	1	1		50.24		50.24	.000		50.24		.02
CROSSOVERS/ALL OTH OUTPTNT	1	1		18.88		18.88	.000		18.88		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,535
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	2,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	839	\$	76,867.45	\$ 91.62	.416	\$ 420.04	\$ 38.09
COMM HOSP INPATIENT TOTAL	15	47		55,075.94	1171.83	.023	3671.73	27.29
HSC HOSPITALS	4	12		17,482.04	1456.84	.006	4370.51	8.66
NON-HSC HOSPITALS TOTAL	12	35		37,593.90	1074.11	.017	3132.83	18.63
ACCOMMODATIONS	12	35		13,179.02	376.54	.017	1098.25	6.53

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	35	13,179.02	376.54	.017	1098.25	6.53
ANCILLARIES	12	0	24,414.88	.00	.000	2034.57	12.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	175	792	21,791.51	27.51	.392	124.52	10.80
MEDICAL	66	96	4,344.29	45.25	.048	65.82	2.15
SURGERY	17	23	1,365.82	59.38	.011	80.34	.68
PATHOLOGY	62	261	3,024.32	11.59	.129	48.78	1.50
RADIOLOGY	65	92	4,268.76	46.40	.046	65.67	2.12
ROOM USE	120	148	5,852.61	39.54	.073	48.77	2.90
CROSSOVERS/ALL OTH OUTPTNT	79	172	2,935.71	17.07	.085	37.16	1.45
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	62	268	3,263.00	12.18	.133	52.63	1.62
PATHOLOGY	62	268	3,263.00	12.18	.133	52.63	1.62
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	337	516	38,124.78	73.89	.256	113.13	18.89
CLINIC	32	90	1,883.01	20.92	.045	58.84	.93
SURGICENTER	2	16	246.47	15.40	.008	123.24	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	308	410	35,995.30	87.79	.203	116.87	17.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,536
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES						
	AID CODE 38						
	----- MONTHLY AVERAGE -----						
2,018 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	125	473	\$ 6,615.34	\$ 13.99	.234	\$ 52.92	\$ 3.28
DURABLE MED. EQUIP.	7	10	609.75	60.98	.005	87.11	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	171	2,352.86	13.76	.085	112.04	1.17
AMBULANCES/AIR TRANS	21	170	2,352.86	13.84	.084	112.04	1.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	.00	.00	.000	.00	.00
ACUPUNCTURE	2	4	64.88	16.22	.002	32.44	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	11	24	240.15	10.01	.012	21.83	.12
PHYSICAL THERAPIST	3	11	148.74	13.52	.005	49.58	.07
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	314.05	62.81	.002	104.68	.16
PROSTHETICS	3	5	314.05	62.81	.002	104.68	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	227.88	75.96	.001	227.88	.11
SPEECH AND AUDIOLOGY	1	2	90.48	45.24	.001	90.48	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	74	241	2,356.55	9.78	.119	31.85	1.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	28	\$ 5,662.51	\$ 202.23	.014	\$ 1887.50	\$ 2.81
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,537
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	90	509	\$ 27,359.47	\$ 53.75	1.805	\$ 303.99	\$ 97.02
@PHYSICIANS SERVICES	24	60	\$ 2,252.01	\$ 37.53	.213	\$ 93.83	\$ 7.99
OUTPATIENT VISITS	11	15	556.66	37.11	.053	50.61	1.97
OFFICE VISITS	7	9	315.74	35.08	.032	45.11	1.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	136.70	45.57	.011	68.35	.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	104.22	34.74	.011	34.74	.37
INPATIENT VISITS	3	7	277.07	39.58	.025	92.36	.98
HOSPITAL VISITS	3	7	277.07	39.58	.025	92.36	.98
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	15.09	15.09	.004	15.09	.05
PRINCIPAL SURGEON	1	1	15.09	15.09	.004	15.09	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	11.32	11.32	.004	11.32	.04
RADIOLOGY	10	13	412.70	31.75	.046	41.27	1.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	23	979.17	42.57	.082	163.20	3.47
@PHARMACY	43	119	\$ 10,319.82	\$ 86.72	.422	\$ 240.00	\$ 36.60
PRESCRIPTION DRUGS	43	119	10,319.82	86.72	.422	240.00	36.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	43	119	10,319.82	86.72	.422	240.00	36.60

MEDICAL SUPPLIES	0	0		.00		.00		.000		.00		.00
@DENTIST	4	17	\$	262.00	\$	15.41		.060	\$	65.50	\$	.93
VISITS - DIAGNOSTIC	4	17		262.00		15.41		.060		65.50		.93
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,538
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$ 24.00	.004	\$ 24.00	\$.09
@TOTAL HOSPITAL	29	221	\$	9,978.16	\$ 45.15	.784	\$ 344.07	\$ 35.38
HOSP INPATIENT TOTAL	2	6		6,235.91	1039.32	.021	3117.96	22.11
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	6		6,235.91	1039.32	.021	3117.96	22.11
ACCOMMODATIONS	2	6		1,976.76	329.46	.021	988.38	7.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		1,976.76	329.46	.021	988.38	7.01
ANCILLARIES	2	0		4,259.15	.00	.000	2129.58	15.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27	215		3,742.25	17.41	.762	138.60	13.27
MEDICAL	10	14		598.43	42.75	.050	59.84	2.12
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	13	103		583.82	5.67	.365	44.91	2.07
RADIOLOGY	9	9		296.31	32.92	.032	32.92	1.05
ROOM USE	19	20		715.43	35.77	.071	37.65	2.54
CROSSOVERS/ALL OTH OUTPTNT	15	69		1,548.26	22.44	.245	103.22	5.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024
YUBA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

01/29/04

282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	221	\$ 9,978.16	\$ 45.15	.784	\$ 344.07	\$ 35.38
COMM HOSP INPATIENT TOTAL	2	6	6,235.91	1039.32	.021	3117.96	22.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	6	6,235.91	1039.32	.021	3117.96	22.11
ACCOMMODATIONS	2	6	1,976.76	329.46	.021	988.38	7.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	1,976.76	329.46	.021	988.38	7.01
ANCILLARIES	2	0	4,259.15	.00	.000	2129.58	15.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27	215	3,742.25	17.41	.762	138.60	13.27
MEDICAL	10	14	598.43	42.75	.050	59.84	2.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	103	583.82	5.67	.365	44.91	2.07
RADIOLOGY	9	9	296.31	32.92	.032	32.92	1.05
ROOM USE	19	20	715.43	35.77	.071	37.65	2.54
CROSSOVERS/ALL OTH OUTPTNT	15	69	1,548.26	22.44	.245	103.22	5.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	10	\$ 78.39	\$ 7.84	.035	\$ 19.60	\$.28
PATHOLOGY	4	10	78.39	7.84	.035	19.60	.28
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	47	\$ 3,867.48	\$ 82.29	.167	\$ 124.76	\$ 13.71
CLINIC	1	2	22.94	11.47	.007	22.94	.08
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	45	3,844.54	85.43	.160	128.15	13.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

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01/29/04

282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	34	\$ 577.61	\$ 16.99	.121	\$ 48.13	\$ 2.05
DURABLE MED. EQUIP.	1	1	99.99	99.99	.004	99.99	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.007	16.64	.06
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	10	262.21	26.22	.035	131.11	.93
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	20	179.04	8.95	.071	25.58	.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	19.73	19.73	.004	19.73	.07
@CALIF. CHILDREN SERVICES*	14	153	\$ 7,948.03	\$ 51.95	.543	\$ 567.72	\$ 28.18
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 19.73	\$ 19.73	.004	\$ 19.73	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,541
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	79	3,349	\$ 103,573.95	\$ 30.93	65.667	\$ 1311.06	\$ 2030.86
@PHYSICIANS SERVICES	7	12	\$ 110.10	\$ 9.18	.235	\$ 15.73	\$ 2.16
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	12		110.10		9.18	.235	15.73	2.16
@PHARMACY	61	412	\$	15,590.23	\$	37.84	8.078	\$ 255.58	\$ 305.69
PRESCRIPTION DRUGS	61	197		15,320.86		77.77	3.863	251.16	300.41
SNF/ICF	25	101		5,399.01		53.46	1.980	215.96	105.86
OUTPATIENTS	36	96		9,921.85		103.35	1.882	275.61	194.55
MEDICAL SUPPLIES	3	215		269.37		1.25	4.216	89.79	5.28
@DENTIST	7	7	\$	215.00	\$	30.71	.137	\$ 30.71	\$ 4.22
VISITS - DIAGNOSTIC	5	5		110.00		22.00	.098	22.00	2.16
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		60.00		60.00	.020	60.00	1.18
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		45.00		45.00	.020	45.00	.88
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
YUBA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
						AID CODE 1E			
						----- MONTHLY AVERAGE -----			
						PER UNIT/DAY	UNITS/DAYS	COST PER	COST PER
							PER ELIG	USER	ELIGIBLE
51 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					
		OR DAYS OF CARE							
@OPTOMETRIST	3	6	\$	119.06	\$	19.84	.118	\$ 39.69	\$ 2.33
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	2	4		63.60		15.90	.078	31.80	1.25
OTHER OPTOMETRIC SERVICES	1	2		55.46		27.73	.039	55.46	1.09
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$	840.00	\$	840.00	.020	\$ 840.00	\$ 16.47
HOSP INPATIENT TOTAL	1	1		840.00		840.00	.020	840.00	16.47
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1		840.00		840.00	.020	840.00	16.47
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,543
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 840.00	\$ 840.00	.020	\$ 840.00	\$ 16.47
COMM HOSP INPATIENT TOTAL	1	1	840.00	840.00	.020	840.00	16.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	840.00	840.00	.020	840.00	16.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	654	\$ 77,889.83	\$ 119.10	12.824	\$ 2884.81	\$ 1527.25
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	27	654	77,889.83	119.10	12.824	2884.81	1527.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	4	\$	2,023.89	\$ 505.97	.078	\$ 505.97	\$ 39.68
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	4		2,023.89	505.97	.078	505.97	39.68
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	84.67	\$ 21.17	.078	\$ 21.17	\$ 1.66
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
YUBA COUNTY

4 4 84.67
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

21.17 .078 21.17 1.66
PAGE 18,544
01/29/04

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	2,249	\$ 6,701.17	\$ 2.98	44.098	\$ 394.19	\$ 131.40
DURABLE MED. EQUIP.	1	2	35.43	17.72	.039	35.43	.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.020	25.00	.49
MEDICAL TRANSPORTATION	7	524	2,512.40	4.79	10.275	358.91	49.26
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	524	2,512.40	4.79	10.275	358.91	49.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	6	438.40	73.07	.118	219.20	8.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	59.33	11.87	.098	19.78	1.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,408.60	113.62	.588	3408.60	66.84
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,681	222.01	.13	32.961	55.50	4.35
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	14	22	\$ 4,851.73	\$ 220.53	.431	\$ 346.55	\$ 95.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,545
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	700	\$ 15,713.61	\$ 22.45	63.636	\$ 924.33	\$ 1428.51
@PHYSICIANS SERVICES	4	16	\$ 2,336.33	\$ 146.02	1.455	\$ 584.08	\$ 212.39
OUTPATIENT VISITS	3	4	88.52	22.13	.364	29.51	8.05
OFFICE VISITS	3	4	88.52	22.13	.364	29.51	8.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	9		2,236.59	248.51	.818	745.53	203.33
PRINCIPAL SURGEON	2	3		1,846.01	615.34	.273	923.01	167.82
ASSISTANT SURGEON	1	1		244.60	244.60	.091	244.60	22.24
ANESTHESIOLOGIST	1	5		145.98	29.20	.455	145.98	13.27
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	3		11.22	3.74	.273	3.74	1.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	13	364	\$	5,917.97	\$ 16.26	33.091	\$ 455.23	\$ 538.00
PRESCRIPTION DRUGS	13	61		4,972.44	81.52	5.545	382.50	452.04
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	13	61		4,972.44	81.52	5.545	382.50	452.04
MEDICAL SUPPLIES	8	303		945.53	3.12	27.545	118.19	85.96
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,546
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.455	\$ 27.87	\$ 7.60
VISITS	3	5	83.60	16.72	.455	27.87	7.60
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	206	\$ 6,428.72	\$ 31.21	18.727	\$ 1285.74	\$ 584.43
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	12	\$ 508.95	\$ 42.41	1.091	\$ 169.65	\$ 46.27

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	12	508.95	42.41	1.091	169.65	46.27
MEDICAL	1	1	55.81	55.81	.091	55.81	5.07
SURGERY	1	1	150.00	150.00	.091	150.00	13.64
PATHOLOGY	1	4	42.71	10.68	.364	42.71	3.88
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	225.93	75.31	.273	112.97	20.54
CROSSOVERS/ALL OTH OUTPTNT	1	3	34.50	11.50	.273	34.50	3.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 18,547
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E						

	11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$	508.95	\$ 42.41	1.091	\$ 169.65	\$ 46.27
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	12		508.95	42.41	1.091	169.65	46.27
MEDICAL	1	1		55.81	55.81	.091	55.81	5.07
SURGERY	1	1		150.00	150.00	.091	150.00	13.64
PATHOLOGY	1	4		42.71	10.68	.364	42.71	3.88
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	3		225.93	75.31	.273	112.97	20.54
CROSSOVERS/ALL OTH OUTPTNT	1	3		34.50	11.50	.273	34.50	3.14
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	16	\$	171.55	\$	10.72	1.455	\$	171.55
PATHOLOGY	1	16		171.55		10.72	1.455		171.55
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E

PAGE 18,548

01/29/04

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	81	\$ 266.49	\$ 3.29	7.364	\$ 266.49	\$ 24.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	81	266.49	3.29	7.364	266.49	24.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$	807.50	\$	201.88	.364	\$ 807.50	\$ 73.41
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,549
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	483	14,609	\$ 248,604.51	\$ 17.02	33.052	\$ 514.71	\$ 562.45
@PHYSICIANS SERVICES	96	227	\$ 5,712.29	\$ 25.16	.514	\$ 59.50	\$ 12.92
OUTPATIENT VISITS	32	42	1,337.75	31.85	.095	41.80	3.03
OFFICE VISITS	29	37	1,144.17	30.92	.084	39.45	2.59

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	5		193.58	38.72	.011	64.53	.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	6		339.70	56.62	.014	339.70	.77
HOSPITAL VISITS	1	6		339.70	56.62	.014	339.70	.77
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		118.76	118.76	.002	118.76	.27
PRINCIPAL SURGEON	1	1		118.76	118.76	.002	118.76	.27
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	9		574.23	63.80	.020	191.41	1.30
PRINCIPAL SURGEON	2	3		426.84	142.28	.007	213.42	.97
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		147.39	24.57	.014	147.39	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	16	25		776.45	31.06	.057	48.53	1.76
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		78.91	39.46	.005	78.91	.18
OTHER SERVICES/ALL X-OVERS	49	142		2,486.49	17.51	.321	50.74	5.63
@PHARMACY	386	4,702	\$	143,428.89	\$ 30.50	10.638	\$ 371.58	\$ 324.50
PRESCRIPTION DRUGS	383	1,645		139,379.89	84.73	3.722	363.92	315.34
SNF/ICF	10	76		3,817.65	50.23	.172	381.77	8.64
OUTPATIENTS	374	1,569		135,562.24	86.40	3.550	362.47	306.70
MEDICAL SUPPLIES	42	3,057		4,049.00	1.32	6.916	96.40	9.16
@DENTIST	19	72	\$	3,120.00	\$ 43.33	.163	\$ 164.21	\$ 7.06
VISITS - DIAGNOSTIC	14	43		800.00	18.60	.097	57.14	1.81
ORAL SURGERY	3	4		450.00	112.50	.009	150.00	1.02
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.002	100.00	.23
PERIODONTICS	1	1		118.00	118.00	.002	118.00	.27
ENDODONTICS	2	2		286.00	143.00	.005	143.00	.65
RESTORATIVE DENTISTRY	5	18		1,266.00	70.33	.041	253.20	2.86
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		100.00	50.00	.005	100.00	.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,550
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	29	\$ 513.77	\$ 17.72	.066	\$ 46.71	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.005	47.45	.21
EYE APPLIANCES	9	25	415.41	16.62	.057	46.16	.94
OTHER OPTOMETRIC SERVICES	1	2	3.46	1.73	.005	3.46	.01
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.002	\$ 16.72	\$.04
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.002	16.72	.04
@PODIATRIST	1	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	13	26	\$ 455.45	\$ 17.52	.059	\$ 35.03	\$ 1.03
@TOTAL HOSPITAL	49	207	\$ 27,354.73	\$ 132.15	.468	\$ 558.26	\$ 61.89
HOSP INPATIENT TOTAL	9	17	23,090.11	1358.24	.038	2565.57	52.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	9	17,967.62	1996.40	.020	8983.81	40.65
ACCOMMODATIONS	2	9	3,408.93	378.77	.020	1704.47	7.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	3,408.93	378.77	.020	1704.47	7.71
ANCILLARIES	2	0	14,558.69	.00	.000	7279.35	32.94
INPATIENT CROSSOVERS	7	8	5,122.49	640.31	.018	731.78	11.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	190	4,264.62	22.45	.430	101.54	9.65
MEDICAL	11	11	511.37	46.49	.025	46.49	1.16
SURGERY	2	3	183.26	61.09	.007	91.63	.41
PATHOLOGY	11	48	604.55	12.59	.109	54.96	1.37
RADIOLOGY	10	11	715.52	65.05	.025	71.55	1.62
ROOM USE	15	23	981.07	42.66	.052	65.40	2.22
CROSSOVERS/ALL OTH OUTPTNT	25	94	1,268.85	13.50	.213	50.75	2.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,551
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	49	207	\$ 27,354.73	\$ 132.15	.468	\$ 558.26	\$ 61.89	
COMM HOSP INPATIENT TOTAL	9	17	23,090.11	1358.24	.038	2565.57	52.24	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	2	9	17,967.62	1996.40	.020	8983.81	40.65	
ACCOMMODATIONS	2	9	3,408.93	378.77	.020	1704.47	7.71	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	9	3,408.93	378.77	.020	1704.47	7.71	
ANCILLARIES	2	0	14,558.69	.00	.000	7279.35	32.94	

INPATIENT CROSSOVERS	7	8		5,122.49	640.31	.018	731.78	11.59
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	190		4,264.62	22.45	.430	101.54	9.65
MEDICAL	11	11		511.37	46.49	.025	46.49	1.16
SURGERY	2	3		183.26	61.09	.007	91.63	.41
PATHOLOGY	11	48		604.55	12.59	.109	54.96	1.37
RADIOLOGY	10	11		715.52	65.05	.025	71.55	1.62
ROOM USE	15	23		981.07	42.66	.052	65.40	2.22
CROSSOVERS/ALL OTH OUTPTNT	25	94		1,268.85	13.50	.213	50.75	2.87
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	16	412	\$	50,693.36	\$ 123.04	.932	\$ 3168.34	\$ 114.69
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16	412		50,693.36	123.04	.932	3168.34	114.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	5	\$	1,341.23	\$ 268.25	.011	\$ 447.08	\$ 3.03
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	5		1,341.23	268.25	.011	447.08	3.03
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	71	\$	1,090.36	\$ 15.36	.161	\$ 90.86	\$ 2.47
PATHOLOGY	11	66		1,089.00	16.50	.149	99.00	2.46
XO AND OTHERS	1	5		1.36	.27	.011	1.36	.00
@ORGANIZED OUTPATIENT CLINIC	79	131	\$	7,614.34	\$ 58.12	.296	\$ 96.38	\$ 17.23
CLINIC	1	5		60.60	12.12	.011	60.60	.14
SURGICENTER	6	19		962.72	50.67	.043	160.45	2.18
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	74	107		6,591.02	61.60	.242	89.07	14.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,552
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

442 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	62	8,726	\$ 7,263.37	\$.83	19.742	\$ 117.15	\$ 16.43
DURABLE MED. EQUIP.	4	5	361.01	72.20	.011	90.25	.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	737.72	368.86	.005	368.86	1.67
MEDICAL TRANSPORTATION	8	41	671.37	16.37	.093	83.92	1.52
AMBULANCES/AIR TRANS	6	34	617.14	18.15	.077	102.86	1.40
OTHER TRANS	1	4	21.14	5.29	.009	21.14	.05
OTHER SERVICES	1	3	33.09	11.03	.007	33.09	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	1,248.35	178.34	.016	624.18	2.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	17	190.09	11.18	.038	21.12	.43
PHYSICAL THERAPIST	1	16	224.40	14.03	.036	224.40	.51
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.005	45.98	.10

PROSTHETICS	1	2		45.98		22.99	.005	45.98	.10
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	485		1,735.27		3.58	1.097	144.61	3.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	29	8,151		2,049.18		.25	18.441	70.66	4.64
@CALIF. CHILDREN SERVICES*	7	28	\$	1,754.08	\$	62.65	.063	\$ 250.58	\$ 3.97
@XOVER EXCLUDING STATE HOSP**	73	231	\$	12,472.76	\$	53.99	.523	\$ 170.86	\$ 28.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,553
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	579	18,658	\$ 367,892.07	\$ 19.72	37.020	\$ 635.39	\$ 729.94
@PHYSICIANS SERVICES	107	255	\$ 8,158.72	\$ 31.99	.506	\$ 76.25	\$ 16.19
OUTPATIENT VISITS	35	46	1,426.27	31.01	.091	40.75	2.83
OFFICE VISITS	32	41	1,232.69	30.07	.081	38.52	2.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	5	193.58	38.72	.010	64.53	.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	6	339.70	56.62	.012	339.70	.67
HOSPITAL VISITS	1	6	339.70	56.62	.012	339.70	.67
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	118.76	118.76	.002	118.76	.24
PRINCIPAL SURGEON	1	1	118.76	118.76	.002	118.76	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	18	2,810.82	156.16	.036	468.47	5.58
PRINCIPAL SURGEON	4	6	2,272.85	378.81	.012	568.21	4.51
ASSISTANT SURGEON	1	1	244.60	244.60	.002	244.60	.49
ANESTHESIOLOGIST	2	11	293.37	26.67	.022	146.69	.58
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	11.22	3.74	.006	3.74	.02
RADIOLOGY	16	25	776.45	31.06	.050	48.53	1.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	78.91	39.46	.004	78.91	.16
OTHER SERVICES/ALL X-OVERS	56	154	2,596.59	16.86	.306	46.37	5.15
@PHARMACY	460	5,478	\$ 164,937.09	\$ 30.11	10.869	\$ 358.56	\$ 327.26
PRESCRIPTION DRUGS	457	1,903	159,673.19	83.91	3.776	349.39	316.81
SNF/ICF	35	177	9,216.66	52.07	.351	263.33	18.29
OUTPATIENTS	423	1,726	150,456.53	87.17	3.425	355.69	298.52
MEDICAL SUPPLIES	53	3,575	5,263.90	1.47	7.093	99.32	10.44
@DENTIST	26	79	\$ 3,335.00	\$ 42.22	.157	\$ 128.27	\$ 6.62
VISITS - DIAGNOSTIC	19	48	910.00	18.96	.095	47.89	1.81
ORAL SURGERY	3	4	450.00	112.50	.008	150.00	.89

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.20
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.23
ENDODONTICS	2	2	286.00	143.00	.004	143.00	.57
RESTORATIVE DENTISTRY	6	19	1,326.00	69.79	.038	221.00	2.63
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	145.00	48.33	.006	72.50	.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,554
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	35	\$ 632.83	\$ 18.08	.069	\$ 45.20	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.004	47.45	.19
EYE APPLIANCES	11	29	479.01	16.52	.058	43.55	.95
OTHER OPTOMETRIC SERVICES	2	4	58.92	14.73	.008	29.46	.12
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.012	\$ 25.08	\$.20
VISITS	3	5	83.60	16.72	.010	27.87	.17
OTHER SERVICES	1	1	16.72	16.72	.002	16.72	.03
@PODIATRIST	1	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	206	\$ 6,428.72	\$ 31.21	.409	\$ 1285.74	\$ 12.76
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	13	26	\$ 455.45	\$ 17.52	.052	\$ 35.03	\$.90
@TOTAL HOSPITAL	53	220	\$ 28,703.68	\$ 130.47	.437	\$ 541.58	\$ 56.95
HOSP INPATIENT TOTAL	10	18	23,930.11	1329.45	.036	2393.01	47.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	9	17,967.62	1996.40	.018	8983.81	35.65
ACCOMMODATIONS	2	9	3,408.93	378.77	.018	1704.47	6.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	3,408.93	378.77	.018	1704.47	6.76
ANCILLARIES	2	0	14,558.69	.00	.000	7279.35	28.89
INPATIENT CROSSOVERS	8	9	5,962.49	662.50	.018	745.31	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	202	4,773.57	23.63	.401	106.08	9.47
MEDICAL	12	12	567.18	47.27	.024	47.27	1.13
SURGERY	3	4	333.26	83.32	.008	111.09	.66
PATHOLOGY	12	52	647.26	12.45	.103	53.94	1.28
RADIOLOGY	10	11	715.52	65.05	.022	71.55	1.42
ROOM USE	17	26	1,207.00	46.42	.052	71.00	2.39
CROSSOVERS/ALL OTH OUTPTNT	26	97	1,303.35	13.44	.192	50.13	2.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----
504 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	220	\$	28,703.68	\$ 130.47	.437	\$ 541.58	\$ 56.95
COMM HOSP INPATIENT TOTAL	10	18		23,930.11	1329.45	.036	2393.01	47.48
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	9		17,967.62	1996.40	.018	8983.81	35.65
ACCOMMODATIONS	2	9		3,408.93	378.77	.018	1704.47	6.76
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9		3,408.93	378.77	.018	1704.47	6.76
ANCILLARIES	2	0		14,558.69	.00	.000	7279.35	28.89
INPATIENT CROSSOVERS	8	9		5,962.49	662.50	.018	745.31	11.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45	202		4,773.57	23.63	.401	106.08	9.47
MEDICAL	12	12		567.18	47.27	.024	47.27	1.13
SURGERY	3	4		333.26	83.32	.008	111.09	.66
PATHOLOGY	12	52		647.26	12.45	.103	53.94	1.28
RADIOLOGY	10	11		715.52	65.05	.022	71.55	1.42
ROOM USE	17	26		1,207.00	46.42	.052	71.00	2.39
CROSSOVERS/ALL OTH OUTPTNT	26	97		1,303.35	13.44	.192	50.13	2.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	43	1,066	\$	128,583.19	\$ 120.62	2.115	\$ 2990.31	\$ 255.13
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	43	1,066		128,583.19	120.62	2.115	2990.31	255.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	9	\$	3,365.12	\$ 373.90	.018	\$ 480.73	\$ 6.68
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	9		3,365.12	373.90	.018	480.73	6.68
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	87	\$	1,261.91	\$ 14.50	.173	\$ 97.07	\$ 2.50
PATHOLOGY	12	82		1,260.55	15.37	.163	105.05	2.50
XO AND OTHERS	1	5		1.36	.27	.010	1.36	.00
@ORGANIZED OUTPATIENT CLINIC	83	135	\$	7,699.01	\$ 57.03	.268	\$ 92.76	\$ 15.28
CLINIC	1	5		60.60	12.12	.010	60.60	.12
SURGICENTER	6	19		962.72	50.67	.038	160.45	1.91
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	78	111		6,675.69	60.14	.220	85.59	13.25

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

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504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	80	11,056	\$ 14,231.03	\$ 1.29	21.937	\$ 177.89	\$ 28.24
DURABLE MED. EQUIP.	5	7	396.44	56.63	.014	79.29	.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	762.72	254.24	.006	254.24	1.51
MEDICAL TRANSPORTATION	15	565	3,183.77	5.63	1.121	212.25	6.32
AMBULANCES/AIR TRANS	6	34	617.14	18.15	.067	102.86	1.22
OTHER TRANS	8	528	2,533.54	4.80	1.048	316.69	5.03

OTHER SERVICES	1	3	33.09	11.03	.006	33.09	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	13	1,686.75	129.75	.026	421.69	3.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	22	249.42	11.34	.044	20.79	.49
PHYSICAL THERAPIST	1	16	224.40	14.03	.032	224.40	.45
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.004	45.98	.09
PROSTHETICS	1	2	45.98	22.99	.004	45.98	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,408.60	113.62	.060	3408.60	6.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	566	2,001.76	3.54	1.123	153.98	3.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	9,832	2,271.19	.23	19.508	68.82	4.51
@CALIF. CHILDREN SERVICES*	8	32	2,561.58	\$ 80.05	.063	\$ 320.20	\$ 5.08
@XOVER EXCLUDING STATE HOSP**	87	253	17,324.49	\$ 68.48	.502	\$ 199.13	\$ 34.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,557
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	TOTAL CERTIFIED	

209,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	119,410	1,463,438	\$ 58,855,223.90	\$ 40.22	7.001	\$ 492.88	\$ 281.58
@PHYSICIANS SERVICES	27,894	91,814	\$ 3,467,566.25	\$ 37.77	.439	\$ 124.31	\$ 16.59
OUTPATIENT VISITS	11,834	13,864	559,155.61	40.33	.066	47.25	2.68
OFFICE VISITS	9,952	11,695	408,053.00	34.89	.056	41.00	1.95
HOME VISITS	26	35	2,131.82	60.91	.000	81.99	.01
EMERGENCY ROOM	707	813	44,021.29	54.15	.004	62.26	.21
PREVENTIVE CARE	3	3	137.55	45.85	.000	45.85	.00
OB VISITS/COMPRE PERI	878	714	87,628.86	122.73	.003	99.81	.42
OTHER OUTPATIENT	522	604	17,183.09	28.45	.003	32.92	.08
INPATIENT VISITS	1,513	6,397	410,299.76	64.14	.031	271.18	1.96
HOSPITAL VISITS	1,367	4,864	221,492.86	45.54	.023	162.03	1.06
CRITICAL CARE	198	1,362	183,081.80	134.42	.007	924.66	.88
SNF/ICF/TRANS IP CARE	84	171	5,725.10	33.48	.001	68.16	.03
OPHTHALMOLOGICAL SERVICES	554	663	28,709.89	43.30	.003	51.82	.14
EXAMINATIONS	538	647	28,384.89	43.87	.003	52.76	.14
SERVICES AND MATERIALS	16	16	325.00	20.31	.000	20.31	.00
INPATIENT HOSPITAL SURGERY	1,646	7,611	876,253.59	115.13	.036	532.35	4.19
PRINCIPAL SURGEON	1,036	1,339	691,815.55	516.67	.006	667.78	3.31
ASSISTANT SURGEON	185	186	33,215.48	178.58	.001	179.54	.16
ANESTHESIOLOGIST	760	6,086	151,222.56	24.85	.029	198.98	.72
OUTPATIENT SURGERY	1,836	5,399	368,247.54	68.21	.026	200.57	1.76
PRINCIPAL SURGEON	1,403	1,806	285,165.62	157.90	.009	203.25	1.36
ASSISTANT SURGEON	40	41	4,604.44	112.30	.000	115.11	.02
ANESTHESIOLOGIST	582	3,552	78,477.48	22.09	.017	134.84	.38
DIALYSIS	106	294	28,232.27	96.03	.001	266.34	.14
PATHOLOGY	1,117	1,794	27,863.69	15.53	.009	24.95	.13
RADIOLOGY	8,751	14,885	523,100.26	35.14	.071	59.78	2.50
PSYCHIATRY	16	19	761.08	40.06	.000	47.57	.00

IMMUNIZATION AND INJECTION	533	2,707		59,784.40		22.09	.013	112.17	.29
OTHER SERVICES/ALL X-OVERS	9,449	38,181		585,158.16		15.33	.183	61.93	2.80
@PHARMACY	72,848	523,575	\$	21,043,810.70	\$	40.19	2.505	\$ 288.87	\$ 100.68
PRESCRIPTION DRUGS	72,160	247,636		19,901,592.05		80.37	1.185	275.80	95.21
SNF/ICF	1,393	9,769		548,157.08		56.11	.047	393.51	2.62
OUTPATIENTS	70,824	237,867		19,353,434.97		81.36	1.138	273.26	92.59
MEDICAL SUPPLIES	4,749	275,939		1,142,218.65		4.14	1.320	240.52	5.46
@DENTIST	9,838	45,262	\$	1,726,832.40	\$	38.15	.217	\$ 175.53	\$ 8.26
VISITS - DIAGNOSTIC	6,611	27,773		410,182.46		14.77	.133	62.05	1.96
ORAL SURGERY	1,467	3,638		189,709.20		52.15	.017	129.32	.91
DRUGS	163	193		3,755.00		19.46	.001	23.04	.02
ANESTHESIA	105	105		9,755.00		92.90	.001	92.90	.05
PERIODONTICS	277	310		47,275.00		152.50	.001	170.67	.23
ENDODONTICS	728	1,582		208,787.25		131.98	.008	286.80	1.00
RESTORATIVE DENTISTRY	3,337	9,322		605,843.15		64.99	.045	181.55	2.90
PROSTHETICS	28	28		750.00		26.79	.000	26.79	.00
DENTURES, STAYPLATES	462	1,280		187,032.15		146.12	.006	404.83	.89
SPACE MAINTAINERS	55	76		8,120.00		106.84	.000	147.64	.04
MAXILLOFACIAL SERVICES	26	26		2,262.69		87.03	.000	87.03	.01
FRACTURES, DISLOCATIONS	2	2		1,450.00		725.00	.000	725.00	.01
ORTHODONTIC SERVICES	440	589		49,585.50		84.19	.003	112.69	.24
ALL OTHER SERVICES	179	338		2,325.00		6.88	.002	12.99	.01
#CALIF DEPT OF HEALTH SERV									
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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209,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE			
@OPTOMETRIST	3,153	8,775	\$ 192,824.96	\$ 21.97	.042	\$ 61.16	\$.92	
DIAGNOSTIC AND ANC. PROCED	1,780	1,852	82,864.44	44.74	.009	46.55	.40	
EYE APPLIANCES	2,393	6,717	105,842.14	15.76	.032	44.23	.51	
OTHER OPTOMETRIC SERVICES	139	206	4,118.38	19.99	.001	29.63	.02	
@CHIROPRACTOR	719	1,569	\$ 25,466.82	\$ 16.23	.008	\$ 35.42	\$.12	
VISITS	681	1,495	24,611.84	16.46	.007	36.14	.12	
OTHER SERVICES	38	74	854.98	11.55	.000	22.50	.00	
@PODIATRIST	459	689	\$ 11,422.65	\$ 16.58	.003	\$ 24.89	\$.05	
MEDICINE/INJECTIONS	78	100	2,734.93	27.35	.000	35.06	.01	
SURGERY/ANES.	3	5	833.02	166.60	.000	277.67	.00	
RADIO./PATHOLOGY	7	12	207.60	17.30	.000	29.66	.00	
OTHER	382	572	7,647.10	13.37	.003	20.02	.04	
@HOME HEALTH AGENCY	680	3,730	\$ 163,233.24	\$ 43.76	.018	\$ 240.05	\$.78	
NURSE ANESTHESIST	48	416	\$ 4,334.93	\$ 10.42	.002	\$ 90.31	\$.02	
NURSE MIDWIFE	160	558	\$ 109,166.41	\$ 195.64	.003	\$ 682.29	\$.52	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3,003	7,175	\$ 110,222.76	\$ 15.36	.034	\$ 36.70	\$.53	
@TOTAL HOSPITAL	19,345	99,305	\$ 17,525,158.53	\$ 176.48	.475	\$ 905.93	\$ 83.85	
HOSP INPATIENT TOTAL	2,350	11,401	14,886,615.55	1305.73	.055	6334.73	71.22	
HSC HOSPITALS	295	2,679	3,538,860.57	1320.96	.013	11996.14	16.93	
NON-HSC HOSPITAL TOTAL	1,596	6,884	10,973,526.66	1594.06	.033	6875.64	52.50	
ACCOMMODATIONS	1,591	6,884	2,837,876.70	412.24	.033	1783.71	13.58	
ADMINISTRATIVE DAYS	40	478	108,345.74	226.66	.002	2708.64	.52	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,576	6,406	2,729,530.96	426.09	.031	1731.94	13.06	
ANCILLARIES	1,595	0	8,135,649.96	.00	.000	5100.72	38.92	
INPATIENT CROSSOVERS	479	1,838	374,228.32	203.61	.009	781.27	1.79	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	18,097	87,904	2,638,542.98	30.02	.421	145.80	12.62	
MEDICAL	5,542	8,440	410,310.11	48.61	.040	74.04	1.96	
SURGERY	1,519	1,809	88,006.06	48.65	.009	57.94	.42	
PATHOLOGY	7,119	29,641	368,717.84	12.44	.142	51.79	1.76	

RADIOLOGY	7,177	10,098		611,011.95	60.51	.048	85.13	2.92
ROOM USE	8,683	12,769		507,110.59	39.71	.061	58.40	2.43
CROSSEOVERS/ALL OTH OUTPTNT	7,361	25,147		653,386.43	25.98	.120	88.76	3.13
@COUNTY HOSPITAL TOTAL	61	295	\$	35,102.35	\$ 118.99	.001	\$ 575.45	\$.17
CO HOSPITAL INPATIENT TOTAL	8	23		26,309.02	1143.87	.000	3288.63	.13
HSC HOSPITALS	8	23		26,309.02	1143.87	.000	3288.63	.13
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	55	272		8,793.33	32.33	.001	159.88	.04
MEDICAL	16	24		921.99	38.42	.000	57.62	.00

SURGERY	11	12	339.54	28.30	.000	30.87	.00
PATHOLOGY	23	88	1,500.33	17.05	.000	65.23	.01
RADIOLOGY	10	20	1,626.44	81.32	.000	162.64	.01
ROOM USE	28	48	2,166.50	45.14	.000	77.38	.01
CROSSOVERS/ALL OTH OUTPTNT	36	80	2,238.53	27.98	.000	62.18	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

209,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	19,298	99,010	\$ 17,490,056.18	\$ 176.65	.474	\$ 906.31	\$ 83.68
COMM HOSP INPATIENT TOTAL	2,342	11,378	14,860,306.53	1306.06	.054	6345.14	71.10
HSC HOSPITALS	287	2,656	3,512,551.55	1322.50	.013	12238.86	16.81
NON-HSC HOSPITALS TOTAL	1,596	6,884	10,973,526.66	1594.06	.033	6875.64	52.50
ACCOMMODATIONS	1,591	6,884	2,837,876.70	412.24	.033	1783.71	13.58
ADMINISTRATIVE DAYS	40	478	108,345.74	226.66	.002	2708.64	.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,576	6,406	2,729,530.96	426.09	.031	1731.94	13.06
ANCILLARIES	1,595	0	8,135,649.96	.00	.000	5100.72	38.92
INPATIENT CROSSOVERS	479	1,838	374,228.32	203.61	.009	781.27	1.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18,054	87,632	2,629,749.65	30.01	.419	145.66	12.58
MEDICAL	5,527	8,416	409,388.12	48.64	.040	74.07	1.96
SURGERY	1,508	1,797	87,666.52	48.78	.009	58.13	.42
PATHOLOGY	7,100	29,553	367,217.51	12.43	.141	51.72	1.76
RADIOLOGY	7,169	10,078	609,385.51	60.47	.048	85.00	2.92
ROOM USE	8,660	12,721	504,944.09	39.69	.061	58.31	2.42
CROSSOVERS/ALL OTH OUTPTNT	7,330	25,067	651,147.90	25.98	.120	88.83	3.12
@STATE HOSPITAL	12	365	\$ 188,665.98	\$ 516.89	.002	\$ 15722.17	\$.90
MENTALLY ILL	12	365	188,665.98	516.89	.002	15722.17	.90
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,643	45,700	\$ 5,422,730.33	\$ 118.66	.219	\$ 3300.51	\$ 25.94
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	12	365	38,742.03	106.14	.002	3228.50	.19
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	17	592	336,658.44	568.68	.003	19803.44	1.61
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,616	44,743	5,047,329.86	112.81	.214	3123.35	24.15
@INTERMEDIATE CARE FACIL.-DD	54	1,688	\$ 268,419.04	\$ 159.02	.008	\$ 4970.72	\$ 1.28
ICF DDH	18	593	79,373.99	133.85	.003	4409.67	.38
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	36	1,095	189,045.05	172.64	.005	5251.25	.90
@HEMODIALYSIS TOTAL	400	10,659	\$ 548,356.29	\$ 51.45	.051	\$ 1370.89	\$ 2.62
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	400	10,659	548,356.29	51.45	.051	1370.89	2.62
@REHABILITATION FACILITY	40	95	\$ 4,349.40	\$ 45.78	.000	\$ 108.74	\$.02
HOSPITAL BASED	35	90	4,216.15	46.85	.000	120.46	.02
INDEPENDENT FACILITY	5	5	133.25	26.65	.000	26.65	.00
@LABORATORY FACILITY	8,364	37,200	\$ 493,266.44	\$ 13.26	.178	\$ 58.97	\$ 2.36
PATHOLOGY	8,319	37,141	492,580.36	13.26	.178	59.21	2.36
XO AND OTHERS	45	59	686.08	11.63	.000	15.25	.00
@ORGANIZED OUTPATIENT CLINIC	39,005	67,532	\$ 4,953,928.90	\$ 73.36	.323	\$ 127.01	\$ 23.70
CLINIC	1,379	5,165	137,120.28	26.55	.025	99.43	.66
SURGICENTER	318	1,355	53,896.92	39.78	.006	169.49	.26
HEROIN DETOX CLINIC	19	267	3,004.44	11.25	.001	158.13	.01
RURAL HEALTH CLINIC	37,615	60,745	4,759,907.26	78.36	.291	126.54	22.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,560
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

209,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20,220	517,331	\$ 2,595,467.87	\$ 5.02	2.475	\$ 128.36	\$ 12.42
DURABLE MED. EQUIP.	1,364	3,216	384,444.35	119.54	.015	281.85	1.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	202	245	53,510.57	218.41	.001	264.90	.26
MEDICAL TRANSPORTATION	2,610	68,525	539,538.04	7.87	.328	206.72	2.58
AMBULANCES/AIR TRANS	2,086	17,288	282,834.64	16.36	.083	135.59	1.35
OTHER TRANS	385	49,332	191,136.47	3.87	.236	496.46	.91
OTHER SERVICES	207	1,905	65,566.93	34.42	.009	316.75	.31
ACUPUNCTURE	45	98	1,670.64	17.05	.000	37.13	.01
ADULT DAY HEALTH CARE CTR	11	211	14,542.59	68.92	.001	1322.05	.07
GENETIC DISEASE TESTING	279	280	29,245.00	104.45	.001	104.82	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	720	13,048	544,744.03	41.75	.062	756.59	2.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,681	5,951	65,286.90	10.97	.028	24.35	.31
PHYSICAL THERAPIST	112	494	7,449.58	15.08	.002	66.51	.04
PORTABLE X-RAY	35	66	592.33	8.97	.000	16.92	.00
PROSTHETIST/ORTHOTISTS	459	978	85,275.89	87.19	.005	185.79	.41
PROSTHETICS	447	959	83,499.62	87.07	.005	186.80	.40
ORTHOTICS	14	19	1,776.27	93.49	.000	126.88	.01
PSYCHOLOGIST	4	14	436.81	31.20	.000	109.20	.00
SPEECH AND AUDIOLOGY	530	1,335	62,142.96	46.55	.006	117.25	.30
HOSPICE SERVICES	30	712	81,699.07	114.75	.003	2723.30	.39
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,266	61,548	446,959.90	7.26	.294	54.07	2.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,160	360,610	277,929.21	.77	1.725	66.81	1.33
@CALIF. CHILDREN SERVICES*	852	11,947	\$ 3,324,324.95	\$ 278.26	.057	\$ 3901.79	\$ 15.90
@XOVER EXCLUDING STATE HOSP**	9,906	109,482	\$ 1,576,201.00	\$ 14.40	.524	\$ 159.12	\$ 7.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.